

EXHIBIT 16

Patrick Carr

9/16/2019

1

UNITED STATES DISTRICT COURT
STATE OF MINNESOTA

Case No. 18-cv-2301 (JRT/KMM)

David W. Lynas, as Trustee for the
next-of-kin of James C. Lynas,

Plaintiff,

vs.

Linda S. Stang, et al.,

Defendants.

VIDEO DEPOSITION TRANSCRIPT OF

PATRICK CARR

September 16, 2019
12:12 p.m.

at the

Sherburne County Jail
13880 Business Center Drive Northwest
Elk River, MN 55330

Court Reporter: Janet D. Winberg, RPR
Videographer: Envision Video

9/16/2019

	<p>2</p> <p>1 APPEARANCES: 2 On Behalf of Plaintiff David W. Lynas: 3 Robert Bennett, Attorney at Law 4 Kathryn H. Bennett, Attorney at Law Gaskins, Bennett & Birrell, L.L.P. 333 South Seventh Street 5 Suite 3000 Minneapolis, MN 55402 6 rbennett@gaskinsbennett.com kbennett@gaskinsbennett.com</p> <p>8 On Behalf of the Sherburne County Defendants: 9 Jason M. Hiveley, Attorney at Law Iverson Reuvers Condon 10 9321 Ensign Avenue South Bloomington, MN 55438 11 jason@irc-law.com</p> <p>12 On Behalf of the MEnD Defendants: 13 Bradley R. Prowant, Attorney at Law Larson King, LLP 30 East Seventh Street 15 Suite 2800 St. Paul, MN 55101 16 bprowant@larsonking.com</p> <p>23 NOTE: Original transcript will be delivered to the noticing party, Gaskins, Bennett & Birrell, L.L.P.</p> <p>25 NOTE: No exhibits were marked.</p>
3	<p>1 PROCEEDINGS</p> <p>3 VIDEOGRAPHER: This is the videotape 4 deposition of Pat Carr, on September 16, 2019. 5 Going on the record at 12:12 p.m. 6 Counsel will now please state their 7 appearance for the record. 8 MR. BENNETT: Robert Bennett, appearing 9 on behalf of the Plaintiff. 10 MS. BENNETT: Kathryn Bennett, for the 11 Plaintiff. 12 MR. HIVELEY: Jason Hiveley, for the 13 Sherburne County Defendants. 14 MR. PROWANT: Bradley Prowant, for the 15 MEnD Defendants. 16 VIDEOGRAPHER: The court reporter will 17 now swear in the witness. 18 * * * 19 (Witness sworn.) 20 PATRICK CARR, 21 called as a witness, being first duly sworn, 22 was examined and testified as follows: 23 * * *</p>
4	<p>1 EXAMINATION</p> <p>2 BY MR. BENNETT:</p> <p>3 Q. Would you state your full name for the record, 4 please.</p> <p>5 A. Patrick Carr, C-A-R-R.</p> <p>6 Q. And how old are you, sir?</p> <p>7 A. I am 55 years old.</p> <p>8 Q. And describe your educational background for me, 9 please.</p> <p>10 A. I have a bachelor's of art degree from Hamline University. And I attended the Staff and Command School at Northwestern after -- in 2015.</p> <p>13 Q. Did you go to Evanston, or did you --</p> <p>14 A. It was a 12-week class at Anoka County.</p> <p>15 Q. Okay. And describe your work history after -- 16 well, when did you get your B.A.?</p> <p>17 A. 1988.</p> <p>18 Q. Did you have any full-time employment before 19 that?</p> <p>20 A. Before I worked here?</p> <p>21 Q. Yeah. Or before you went to Hamline. Did you 22 go to Hamline right out of high school?</p> <p>23 A. Correct.</p> <p>24 Q. Okay. And then you graduated from Hamline, and 25 just briefly tell us what you've done since.</p>
5	<p>1 A. I worked briefly at the local lumberyard here in Elk River, Standard Lumber, in 1988. Before that, I had various part-time jobs, going through school and high school. And I was hired here in 1989, February of '89.</p> <p>6 Q. As a CO?</p> <p>7 A. As a jail recreation programmer.</p> <p>8 Q. How long were you a jail recreation programmer?</p> <p>9 A. Approximately three years.</p> <p>10 Q. And then what did you become?</p> <p>11 A. I was promoted to jail program coordinator.</p> <p>12 Q. And just for the record, as I understand it, 13 that would be handling the activities, sort of 14 non-correctional activities? It would be 15 activities of either education, or exercise, or 16 all sorts of programs that are provided to 17 inmates during their stays here; is that right?</p> <p>18 A. That's correct. The programming inside the jail and the community release activities.</p> <p>19 Q. Okay. And how long were you that?</p> <p>20 A. Approximately two years.</p> <p>21 Q. And then what were you -- did you go to?</p> <p>22 A. I was promoted to the jail administrator.</p> <p>23 Q. And that -- basically the same duties and 24 responsibilities that we talked about with Brian</p>

2 (Pages 2 to 5)

<p>1 Frank?</p> <p>2 A. Correct.</p> <p>3 Q. And you're -- how would you say that is different from what you do as a commander?</p> <p>4 A. Well, the command -- the jail administrator is -- handles the overall operations, and then I have oversight with that and communication with the sheriff.</p> <p>5 Q. Okay. The sheriff has duties beyond corrections; right?</p> <p>6 A. Correct.</p> <p>7 Q. He has patrol, I take it?</p> <p>8 A. The whole office.</p> <p>9 Q. Yeah, the whole office. Is it divided, corrections and patrol, generally, or is it --</p> <p>10 is something -- are there other facets?</p> <p>11 A. Corrections and patrol.</p> <p>12 Q. Okay. And you have the same position today, as you did in November and October of '17; right?</p> <p>13 A. Correct.</p> <p>14 Q. Would you be involved in drafting policies and procedures, or in the -- say, more in review and approval?</p> <p>15 A. More in review and approval.</p> <p>16 Q. Okay. And who's in charge of actually</p>	6	<p>1 correct?</p> <p>2 A. Correct.</p> <p>3 Q. Are there outside agencies that have an oversight role with the Sherburne County Jail, and effectively you, in -- as we sit here today?</p> <p>4 A. There's the Minnesota Department of Corrections.</p> <p>5 Q. Okay.</p> <p>6 A. And we do house for the immigration and the U.S. Marshals, so there are inspection teams for those agencies too.</p> <p>7 Q. Separate ones for the -- or is it all under the Department of Homeland Security?</p> <p>8 A. U.S. Marshals is the Department of Justice. ICE is Department of Homeland Security.</p> <p>9 Q. Okay. So you have both Justice and Homeland Security to deal with?</p> <p>10 A. Yes.</p> <p>11 Q. This must seem like nothing, then?</p> <p>12 A. This is always something.</p> <p>13 Q. You're aware that essentially the only people that are entitled to -- constitutionally entitled to Medicare -- medical care and mental health care in the United States are housed in prisons and jails; correct?</p> <p>14 A. Correct.</p>	8
<p>1 7</p> <p>2 implementing policies and procedures?</p> <p>3 A. It goes through a process on our PowerDMS, that -- a review process, and then when it finally gets published to the documents, that is something that I do.</p> <p>4 Q. Do you have any background, educationally or experientially, in either medicine or mental health?</p> <p>5 A. No.</p> <p>6 Q. You've had, I would guess, a fair amount of experience in dealing with an inmate population that has medical and mental health problems?</p> <p>7 A. Yes.</p> <p>8 Q. And the inmate population has a higher incidence of people with mental illness and addiction than the normal population; correct?</p> <p>9 A. Correct.</p> <p>10 Q. And it's increasing, isn't it?</p> <p>11 A. Yes.</p> <p>12 Q. And it's increased since you became a jail administrator -- or since you started here? How about that?</p> <p>13 A. Yes, it has increased since I started here.</p> <p>14 Q. Okay. And you -- I'm sure there's some oversight provided by the sheriff himself;</p>	7	<p>1 9</p> <p>2 Q. That's care of the 18th and 14th amendments to our Constitution, as you understand it?</p> <p>3 A. As I understand it, correct.</p> <p>4 Q. All right. It means that -- that your institution has a duty to provide constitutionally recurrent health care to every inmate; correct?</p> <p>5 A. Correct.</p> <p>6 Q. And you have policies to ensure that, and that's part of the oversight function of the Department of Corrections, and Justice, and Homeland Security?</p> <p>7 A. Yes.</p> <p>8 Q. So they want to make sure that the people they entrust to you, are taken care of medically and from a mental health perspective?</p> <p>9 A. Correct.</p> <p>10 Q. And they used to, as I understand it, they would do it, probably for more of the time that you were -- you're done -- it was kind of a home -- homegrown operation; the Sherburne County would employ the actual providers; is that right?</p> <p>11 A. Yes, at one time.</p> <p>12 Q. And then at some point, the -- it was decided it would be better or cheaper or -- or both, to</p>	

<p>1 contract it out; correct?</p> <p>2 A. Correct.</p> <p>3 Q. Who's the first outfit that -- that Sherburne</p> <p>4 County contracted with to perform outside</p> <p>5 services?</p> <p>6 A. For a provider, or all the medical services?</p> <p>7 Q. Um, well, either medical or mental health</p> <p>8 services. I -- my understanding is, that it's</p> <p>9 -- that Leonard -- Dr. Leonard became -- he</p> <p>10 started here doing contract work in 2006; is</p> <p>11 that about right?</p> <p>12 A. That's about right.</p> <p>13 Q. That's what he testified to. And then -- until</p> <p>14 2013. And then ACH comes in, if I remember, and</p> <p>15 for not very long; right?</p> <p>16 A. Advanced wasn't here for very long, correct.</p> <p>17 Q. And that's Advanced Correctional Health Care?</p> <p>18 A. AC, yes.</p> <p>19 Q. Yeah. And then, when was the first contract</p> <p>20 with MEnD?</p> <p>21 A. I'm not sure of the year.</p> <p>22 Q. Okay. Was that something that was your</p> <p>23 decision, or the sheriff's decision, or both of</p> <p>24 your decisions? And -- and, if so, how was it</p> <p>25 decided?</p>	<p>10</p> <p>1 I mean, tell me how the relationship grew.</p> <p>2 A. Professionally?</p> <p>3 Q. Yeah.</p> <p>4 A. We spoke with Dr. Leonard, and he agreed to</p> <p>5 become our provider.</p> <p>6 Q. Okay. And did he tell you how -- what his plans</p> <p>7 were for -- and by "provider," you mean the</p> <p>8 "head medical provider"?</p> <p>9 A. Correct.</p> <p>10 Q. And how were you going to -- and when that first</p> <p>11 started, how was it staffed?</p> <p>12 A. We -- he was the provider, and we hired the --</p> <p>13 from our previous Fairview contract, we hired</p> <p>14 the RNs and the health techs as Sherburne County</p> <p>15 employees.</p> <p>16 Q. Okay. And that's different than how it ran</p> <p>17 after ACS -- am I saying that right? ACS,</p> <p>18 right, was kicked out?</p> <p>19 A. ACH.</p> <p>20 Q. ACH. I thought it was "H," and then you proved</p> <p>21 me with an "S" in there.</p> <p>22 ACH got kicked out, and then it became more</p> <p>23 of a corporate relationship, right, with MEnD?</p> <p>24 A. Yes.</p> <p>25 Q. When you first started -- in 2006, that's when</p>
<p>11</p> <p>1 A. It was both of our decisions.</p> <p>2 Q. Okay. And how did you know Dr. Leonard?</p> <p>3 A. I've known Dr. Leonard since he's been in</p> <p>4 high school.</p> <p>5 Q. Okay. And how did you come to know him in</p> <p>6 high school?</p> <p>7 A. He's a friend of my brother's.</p> <p>8 Q. That's got me in trouble a couple times, too.</p> <p>9 So you know -- you knew him before he went</p> <p>10 to --</p> <p>11 A. Medical school.</p> <p>12 Q. -- medical school? He was -- wasn't he at</p> <p>13 St. Cloud State too?</p> <p>14 A. I don't -- I don't know.</p> <p>15 Q. Okay. You know he went to medical school and</p> <p>16 then came out -- did he approach -- how did your</p> <p>17 relationship with him begin professionally?</p> <p>18 A. Professionally, it began when we -- Fairview</p> <p>19 Hospitals didn't want to renew our medical</p> <p>20 contract, and we reached out to Dr. Leonard to</p> <p>21 see if he could help us either find a physician</p> <p>22 for a provider, or if he would do it himself.</p> <p>23 Q. Okay. Does your brother work here?</p> <p>24 A. No.</p> <p>25 Q. The -- and so how did that -- so what happened?</p>	<p>13</p> <p>1 MEnD first started?</p> <p>2 A. I believe, yeah.</p> <p>3 Q. How often would you see him here at the</p> <p>4 institution as the medical provider?</p> <p>5 A. He was here quite often. I -- I can't put a --</p> <p>6 an exact number of times he was here.</p> <p>7 Q. Well, let's give it -- let's -- and I -- I</p> <p>8 accept that, and I -- I'm sure you weren't, you</p> <p>9 know, marking it on the -- the deal, but would</p> <p>10 it be weekly? More than once weekly?</p> <p>11 A. More than once weekly.</p> <p>12 Q. Okay. And he'd be -- he'd have -- he'd do</p> <p>13 clinic here?</p> <p>14 A. Correct.</p> <p>15 Q. And he'd see patients -- or inmate/detainees</p> <p>16 here?</p> <p>17 A. Yes.</p> <p>18 Q. And did -- how long did that go on for, like</p> <p>19 that?</p> <p>20 A. From 2006?</p> <p>21 Q. Uh-huh.</p> <p>22 A. Until, I believe -- I don't -- I can't remember</p> <p>23 the year, until Dr. Leonard wanted to opt out,</p> <p>24 and then we went with Advanced.</p> <p>25 Q. He wanted to opt out?</p>

<p>1 A. I believe so, yes.</p> <p>2 Q. Why?</p> <p>3 A. I -- I don't know.</p> <p>4 Q. You had no discussions with him?</p> <p>5 A. No.</p> <p>6 Q. Have you seen him over the years socially?</p> <p>7 A. Yes.</p> <p>8 Q. In what context?</p> <p>9 A. I -- I just seen him last week at a jail administrators conference.</p> <p>10 Q. Okay. So that's sort of professional-social?</p> <p>11 A. That's professional-social.</p> <p>13 Q. How about social-social?</p> <p>14 A. No.</p> <p>15 Q. Like a Viking game? Or a round of golf? Or, you know, I don't know what you like. To go shooting, you know?</p> <p>18 A. No.</p> <p>19 Q. Okay. Nothing like that since -- from 2006 to today?</p> <p>21 A. No.</p> <p>22 Q. Okay. Ever see him at your brother's?</p> <p>23 A. No. I don't see my brother that much, so no.</p> <p>24 Q. Okay. So when did he quit doing clinic more than once a week?</p> <p>25</p>	<p>14</p> <p>1 Q. Okay. You were aware that he had some problems with the Minnesota -- Minnesota Board of Medicine?</p> <p>4 A. He -- he spoke to us about that.</p> <p>5 Q. Yeah. And when it happened, or after he was under the consent order?</p> <p>7 A. I don't recall the exact time.</p> <p>8 Q. He was working for you then, though, wasn't he?</p> <p>9 A. I don't know if he was working for us at that time or not --</p> <p>11 Q. Okay.</p> <p>12 A. -- exactly.</p> <p>13 Q. Do you know -- did he tell you why he was -- that he had these troubles?</p> <p>15 A. I believe it was for some prescriptions.</p> <p>16 Q. Anything else?</p> <p>17 A. Narcotic prescriptions, I believe.</p> <p>18 Q. Any -- any other problem?</p> <p>19 A. No, not that I recall.</p> <p>20 Q. Medical documentation?</p> <p>21 A. Not that I recall.</p> <p>22 Q. Okay. And so would Sheriff Brott know about that as well?</p> <p>24 A. Yes.</p> <p>25 Q. Okay. In November of -- let's -- the fall of</p>
<p>15</p> <p>1 A. It would have been when he hired an additional provider to be staffed here.</p> <p>3 Q. And who -- who was that?</p> <p>4 A. I believe at that time it was -- I don't know if I'm pronouncing his last name correctly, Marty Langenfeld.</p> <p>7 Q. Was he part-time?</p> <p>8 A. No, he was here -- I believe he was here 40 hours a week --</p> <p>10 Q. Okay.</p> <p>11 A. -- at that time.</p> <p>12 Q. Well, was Leonard here 40 hours a week, at some point?</p> <p>14 A. I don't know if it was 40 hours a week, but as I previously stated, he was down here more than once a week.</p> <p>17 Q. Uh-huh.</p> <p>18 A. I can't put an exact time on it.</p> <p>19 Q. In 2017, when he came back -- he comes back in -- in the middle of 2014 with MEnD Correctional Care; right?</p> <p>22 A. Yes.</p> <p>23 Q. Did you ever deal with MEnD Correctional Care before that?</p> <p>25 A. Just Dr. Leonard.</p>	<p>15</p> <p>1 '17 wasn't a particularly good time for the Sherburne County Jail suicide watch; right? You had two in 30 days?</p> <p>4 A. Yes.</p> <p>5 Q. And that's unusual?</p> <p>6 A. It's very unusual.</p> <p>7 Q. Okay. That's what I meant by that.</p> <p>8 A. Yeah.</p> <p>9 Q. And they were both under MEnD Correctional Care's watch?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. And at that time, do you know how many county jails in how many states Dr. Leonard and MEnD were -- were the medical providers of?</p> <p>15 A. At that time, in 2017?</p> <p>16 Q. Yeah.</p> <p>17 A. I don't know the exact count. He worked in several counties, and I believe -- I don't know if it was one or two other states, at that time.</p> <p>20 Q. Okay.</p> <p>21 A. I don't know an exact count.</p> <p>22 Q. If you had to guess, if you had -- did you have -- do you have some estimate? Is it more than 30, for example?</p> <p>25 A. I would say approximately 30 --</p>

<p>1 Q. Okay.</p> <p>2 A. -- jails.</p> <p>3 Q. So it would be thousands of inmates on any given</p> <p>4 day at those jails; right?</p> <p>5 A. Yes.</p> <p>6 Q. All right. And how often would he be here?</p> <p>7 A. He -- he wouldn't come here that often then.</p> <p>8 Q. Do you remember seeing him in the fall of '17?</p> <p>9 A. I don't recall seeing him in the fall of '17.</p> <p>10 Q. Did he come down after either of the suicides?</p> <p>11 A. I -- I don't know.</p> <p>12 Q. Okay. You don't recall seeing him here --</p> <p>13 A. I don't recall seeing --</p> <p>14 Q. -- after --</p> <p>15 A. -- him here.</p> <p>16 Q. -- Brenner's suicide or the Lynas' suicide?</p> <p>17 A. No.</p> <p>18 Q. And do you know at that time how many other</p> <p>19 doctors, actual medical doctors he employed?</p> <p>20 A. That he employed through his whole company?</p> <p>21 Q. Yeah, to serve as this -- the 30-plus jails?</p> <p>22 A. I don't know.</p> <p>23 Q. Okay. Would it surprise you, if it was one</p> <p>24 person, 8 to 12 hours a week?</p> <p>25 A. I -- I don't know.</p>	<p>18</p> <p>1 A. Yes.</p> <p>2 Q. -- professional?</p> <p>3 Okay. You have a -- you know you have to</p> <p>4 have certain criteria and education and</p> <p>5 experience to be a qualified mental health</p> <p>6 professional; correct?</p> <p>7 A. Yes.</p> <p>8 Q. And an LPN, or a health tech, or -- or an RN, a</p> <p>9 regular RN, and even a regular physician's</p> <p>10 assistant, aren't qualified mental health</p> <p>11 providers?</p> <p>12 MR. PROWANT: Object to form and</p> <p>13 foundation.</p> <p>14 MR. HIVELEY: Answer, if you know.</p> <p>15 THE WITNESS: Repeat the question,</p> <p>16 please.</p> <p>17 MR. BENNETT: Okay. I'll see if I can</p> <p>18 do it.</p> <p>19 BY MR. BENNETT:</p> <p>20 Q. You know that most of the people hired to work</p> <p>21 here, are not mental health providers, and that</p> <p>22 would include health techs, RNs, LPNs, and</p> <p>23 physician assistants?</p> <p>24 A. Okay.</p> <p>25 Q. Do you know that to be true?</p>
<p>19</p> <p>1 Q. Now, he used to be able to handle this jail</p> <p>2 from -- when did he stop being the person in the</p> <p>3 clinic himself, and had Langenfeld take over as</p> <p>4 his employee?</p> <p>5 A. Well, I'm not sure of the correct date, but it</p> <p>6 was probably when MEnD instituted their contract</p> <p>7 to take care of all our medical.</p> <p>8 Q. Okay. And Langenfeld was a medical doctor?</p> <p>9 A. He was a physician's assistant.</p> <p>10 Q. Okay. So you -- you had a physician's assistant</p> <p>11 doing clinic full-time?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. And you -- you know what a "qualified</p> <p>14 mental health professional" is?</p> <p>15 A. It would be an individual who is -- their</p> <p>16 training would be for dealing with,</p> <p>17 specifically, mental health needs of</p> <p>18 individuals.</p> <p>19 Q. And that's defined by a Minnesota state law?</p> <p>20 A. I don't know the specific statutes or law.</p> <p>21 Q. And I guess I'm not asking if you know the</p> <p>22 specific statute or law, I don't expect you to,</p> <p>23 but do you know that there's a state law that</p> <p>24 governs that and says what is, in fact, a</p> <p>25 qualified mental health --</p>	<p>21</p> <p>1 A. Well, I -- I'm not aware of what training they</p> <p>2 would have in mental health.</p> <p>3 Q. Okay. Do you know if there is such a thing as a</p> <p>4 "psychiatric nurse"?</p> <p>5 A. I've heard of them.</p> <p>6 Q. Have you ever met one here?</p> <p>7 A. A psychiatric nurse?</p> <p>8 Q. (Nodding head.)</p> <p>9 A. No.</p> <p>10 Q. You -- you've met psychologists?</p> <p>11 A. Yes.</p> <p>12 Q. And they have -- you have had the mental health</p> <p>13 professional role filled by psychiatrists;</p> <p>14 correct?</p> <p>15 A. Psychologists.</p> <p>16 Q. Psychologists. Excuse me, I misspoke.</p> <p>17 And that, in the fall of 2017, was a guy</p> <p>18 named "Dr. Michael Robertson"?</p> <p>19 A. Correct.</p> <p>20 Q. Okay. He was -- he was the mental health</p> <p>21 professional on duty for the Brenner and Lynas</p> <p>22 suicide; correct?</p> <p>23 A. Correct.</p> <p>24 Q. All right. Do you know any other qualified</p> <p>25 mental health professional that was -- had</p>

	<p>22</p> <p>1 duties here for MEnD, at that time?</p> <p>2 A. I'm trying to recall the dates, to see if -- I'm</p> <p>3 not sure if Linda Pantzke was a mental health</p> <p>4 provider at that time. I believe she was.</p> <p>5 Q. That's a name that I haven't seen. What -- what</p> <p>6 was she -- what was she by education and</p> <p>7 training --</p> <p>8 A. I --</p> <p>9 Q. -- to be?</p> <p>10 A. I couldn't tell you.</p> <p>11 Q. Mental health social worker?</p> <p>12 A. Yeah -- possibly.</p> <p>13 Q. And you think she was here in the fall of '17?</p> <p>14 A. She may have been, yes.</p> <p>15 Q. But you're not sure?</p> <p>16 A. Well, I don't want to say for sure.</p> <p>17 Q. Okay, gotcha. You know Robertson was, though?</p> <p>18 A. Yes.</p> <p>19 Q. Were you involved in the discontinuation of the</p> <p>20 term "suicide watch" here at the Sherburne</p> <p>21 County Jail?</p> <p>22 A. No.</p> <p>23 Q. Tell me why you weren't.</p> <p>24 A. I don't recall that discussion.</p> <p>25 Q. Okay. Do you know it to be a fact?</p>		<p>1 A. -- to see the documents on that.</p> <p>2 Q. Okay. Do you remember ever reading this</p> <p>3 Exhibit 46?</p> <p>4 A. Many years ago.</p> <p>5 Q. Well, I mean, I realize it's --</p> <p>6 A. Yeah, I don't remember --</p> <p>7 Q. -- like ten years -- ten years old, almost?</p> <p>8 A. Right.</p> <p>9 Q. I -- I'd have you look at page 29.</p> <p>10 A. Okay.</p> <p>11 Q. Where it says (as read), "The terminology is not</p> <p>12 consistent between the jail and the medical</p> <p>13 policies. The terms," quote, "15-minute</p> <p>14 suicide watch," end quote, quote, "15-minute</p> <p>15 close watch," end quote, "and," quote,</p> <p>16 "15-minute special watch" are all used to</p> <p>17 describe the mental health observation status</p> <p>18 used to isolate and protect a detainee with</p> <p>19 suicidal ideations. These three terms are not</p> <p>20 clearly defined and are used interchangeably in</p> <p>21 the medical record. The inconsistency in (sic)</p> <p>22 terminology makes it difficult to ascertain the</p> <p>23 detainees' exact clinical observation status."</p> <p>24 Do you remember seeing that?</p> <p>25 A. I would have read this document, yes.</p>
	<p>23</p> <p>1 A. In -- in what manner?</p> <p>2 Q. That the jail administration wanted the term</p> <p>3 "suicide watch" eliminated?</p> <p>4 A. Currently, at that time, I believe it was for a</p> <p>5 "mental health watch." And we still had the</p> <p>6 "suicide watch," the people that we placed in</p> <p>7 our holding cells in the gowns.</p> <p>8 Q. The term "suicide watch" was eliminated from the</p> <p>9 vernacular of the Sherburne County Jail in the</p> <p>10 fall of '17 -- by the fall of '17; correct?</p> <p>11 A. Correct.</p> <p>12 Q. All right. Now, who made that determination?</p> <p>13 A. Jail Administrator Frank. We may have had that</p> <p>14 discussion, but I don't recall.</p> <p>15 Q. Well, would it surprise you, that the sheriff</p> <p>16 knew that to be the case?</p> <p>17 A. No.</p> <p>18 Q. Okay. You were here in 2010, and you had a</p> <p>19 bunch of -- you had -- I think three kinds of</p> <p>20 mental health watches generally that the DHS</p> <p>21 complained about, correct, because they weren't</p> <p>22 -- they weren't sufficiently clinically</p> <p>23 defined --</p> <p>24 A. I would have --</p> <p>25 Q. -- is that right?</p>		<p>25</p> <p>1 Q. Do you remember the problem? I mean, what's the</p> <p>2 vernacular?</p> <p>3 A. I know I read this, but I don't recall the</p> <p>4 conversation concerning this or the vernacular.</p> <p>5 Q. All right. Was this when they took out the term</p> <p>6 "suicide watch"?</p> <p>7 A. Possibly.</p> <p>8 Q. You don't know?</p> <p>9 A. No.</p> <p>10 Q. You just know it happened?</p> <p>11 A. Yes.</p> <p>12 Q. So there was -- there were two -- it went to two</p> <p>13 terms in -- that were applicable in 2017:</p> <p>14 "30-minute mental health watch" and "15-minute</p> <p>15 mental health watch"; right?</p> <p>16 A. Correct.</p> <p>17 Q. And "15-minute" was the highest mental health</p> <p>18 watch that was in existence in the vernacular?</p> <p>19 A. In the vernacular, yeah.</p> <p>20 Q. Okay. There was -- there were situations where</p> <p>21 people had to put on Kevlar gowns and go to a</p> <p>22 booking cell; right?</p> <p>23 A. Many times.</p> <p>24 Q. They just didn't call it anything?</p> <p>25 A. (No response.)</p>

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<p>1 Q. Correct?</p> <p>2 A. Yes. It -- it would be a "15-minute watch."</p> <p>3 Q. "Mental health watch"?</p> <p>4 A. Yes.</p> <p>5 Q. Just with a different clothing option? And</p> <p>6 probably -- you didn't get -- did you get food</p> <p>7 that was blended and all that other stuff?</p> <p>8 A. Well, you'd get finger food, yes.</p> <p>9 Q. Yeah. And then if you look at Exhibit 13 --</p> <p>10 I'll get it for you. Well, it starts here with</p> <p>11 Michael Robertson, and it really doesn't really</p> <p>12 get going in earnest until the next page, when</p> <p>13 they're talking about Lynas; okay? There was</p> <p>14 a -- talking about two inmates, one of which is</p> <p>15 12010, which is James Lynas.</p> <p>16 A. Okay.</p> <p>17 Q. I can show you that, but I'll just -- I'll</p> <p>18 represent that for the record.</p> <p>19 It says he "was placed on MHW-15 due to high</p> <p>20 BDI" --</p> <p>21 Do you know what that is?</p> <p>22 A. No.</p> <p>23 Q. -- "and risk factors"; you don't know what they</p> <p>24 are? Or you know what they are, you just don't</p> <p>25 know which ones they --</p>	<p>1 oath, you don't recall being part of any</p> <p>2 discussion to make that happen?</p> <p>3 A. No.</p> <p>4 Q. So you -- do you know what a "Beck Depression</p> <p>5 Inventory" is?</p> <p>6 A. No.</p> <p>7 Q. An "urgent medical referral" or "urgent medical</p> <p>8 health referral," what does that mean to you?</p> <p>9 A. It would mean to me, if I had the information</p> <p>10 that an individual was having a mental health</p> <p>11 crisis, I would call the clinic. That would be</p> <p>12 an urgent mental health referral.</p> <p>13 Q. So you would take immediate action?</p> <p>14 A. I would take immediate action, correct.</p> <p>15 Q. Do you know what the triggers are in the MEnD</p> <p>16 Correctional Care system used in your jail for</p> <p>17 the person to actually see a qualified mental</p> <p>18 health provider?</p> <p>19 A. Their triggers?</p> <p>20 Q. Yeah.</p> <p>21 A. I don't know their triggers.</p> <p>22 Q. Do you have an idea of what they are for this</p> <p>23 institution?</p> <p>24 A. For my triggers, I know.</p> <p>25 Q. Tell me what they are.</p>
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<p>1 Q. I mean, if a person is severely depressed, would 2 you like to know that? 3 A. Possibly, yes. 4 Q. If they're not coping? 5 A. Yes. 6 Q. And they report that to the -- to the MEnD 7 staff? 8 A. They would document behaviors as -- during our 9 15-minute watches. 10 Q. The correctional staff would? 11 A. Correct. 12 Q. How's the -- how is it supposed to work between 13 MEnD finding out information that requires them 14 medically to put them on a 15-minute mental 15 health watch, how does it translate into what 16 kind of watch to do? 17 A. Well, our staff would either contact them. Or 18 if they determined the watch based upon if they 19 were at the clinic. 20 Q. If -- "if they," meaning "MEnD"? 21 A. "If," meaning the inmate was at our jail clinic. 22 Q. Okay. Did you know there was a trigger, that if 23 someone scored 40 or higher on the Beck 24 Depression Inventory, that a -- there had to be 25 a referral to at least some sort of medical</p>	<p>1 Q. So you discussed everybody who is on the 2 15-minute mental health watch? 3 A. Yes. 4 Q. And the 30-minute mental health watch? 5 A. Any watch, correct. 6 Q. Well, those are the only two watches I know 7 about. 8 A. Yep. 9 Q. All right. If there was somebody in a Kevlar 10 gown in -- in booking, would you talk about them 11 too? 12 A. Yes. 13 Q. Does it ever happen, that you'd send somebody to 14 the hospital? 15 A. For what purpose? 16 Q. Well, all right. Not for medical, but for a 17 mental health? 18 A. For mental health? 19 Q. Yeah. 20 A. Yes. 21 Q. All right. Where do you send them? 22 A. We have sent them to Mercy. We've sent them to 23 HCMC. We've sent them to Regions. Those are 24 the three main ones. 25 Q. So places with --</p>	

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<p>1 provider to transmit that information? 2 A. I wouldn't know -- 3 MR. PROWANT: Objection to form. 4 MR. HIVELEY: He just objected -- 5 MR. BENNETT: He's doing what -- 6 MR. HIVELEY: -- to form. You can go 7 ahead and answer, if you know the answer. 8 THE WITNESS: I wouldn't know the 9 trigger for the number for the BDI. 10 It was the BDI score -- 11 MR. BENNETT: Yeah. 12 THE WITNESS: -- is that what you said? 13 I would -- 14 BY MR. BENNETT: 15 Q. Are we talking about the first time you've ever 16 heard "BDI"? 17 A. I wouldn't have known what "BDI" meant. 18 Q. Okay. How much interaction did you have with 19 Michael Robertson? 20 A. I met with him every Monday at our 21 classification meeting. 22 Q. And the classification meeting is for the 23 purpose of "blank"?" 24 A. Reviewing individuals in special housing and on 25 watches.</p>	<p>1 A. Mainly Mercy. 2 Q. So places with what I would consider "locked 3 psychiatric units"?" 4 A. Yes. 5 Q. And perhaps even more -- are we talking -- is 6 it -- is it different than the normal lock? Is 7 it -- is there -- I know Regions has some cells 8 that the sheriff's office uses. Is that the 9 kind of -- at the hospital? 10 A. Well, at Mercy it wouldn't be like that. You 11 have to go through the emergency room -- 12 Q. Okay. 13 A. -- first. And then the doctor -- once you get 14 to that point, then the doctor would decide 15 whether to put them on a 72-hour hold -- 16 Q. Uh-huh. 17 A. -- or to admit them. 18 Q. Okay. How often does that happen in a given 19 year? 20 A. Oh, a handful of times. Approximately -- it -- 21 it depends. 22 Q. Uh-huh. Okay. Were you involved in 23 investigating the Brenner suicide or the Lynas 24 suicide? 25 A. No.</p>	

<p>34</p> <p>1 Q. You dictate the -- or delegate those duties to 2 others?</p> <p>3 A. It was done by a sheriff's office investigator. And then the DOC does their investigation.</p> <p>4 Q. And the DOC did their investigations after 5 Brenner and Lynas?</p> <p>6 A. Yes.</p> <p>7 Q. What did they say?</p> <p>8 A. In the Lynas, I believe there was no -- they founded nothing in the 2911 rule violations.</p> <p>9 Q. Did -- well, there has been a continuing problem 10 with watch -- the well-being checks, though, 11 that the Department of Corrections has -- has 12 noted; correct?</p> <p>13 A. Which problems?</p> <p>14 Q. Well, on Exhibit 48.</p> <p>15 A. (Reviewing exhibit.) Yes, we were aware of this.</p> <p>16 Q. And it talks about well-being checks, both the 17 30-minute well-being check afforded to every 18 inmate, and more frequent observation for 19 inmates of special need classifications; 20 correct?</p> <p>21 A. Correct.</p> <p>22 Q. And they -- the corrective action was to --</p>	<p>1 determine his well-being?</p> <p>2 A. I think they did fine, yeah.</p> <p>3 Q. Okay. How about Brenner?</p> <p>4 A. I think Brenner -- it depends upon how you rate that with the speed that they went through.</p> <p>5 Q. Uh-huh. Did anybody get disciplined in Brenner?</p> <p>6 A. No.</p> <p>7 Q. Did anybody get disciplined in Lynas?</p> <p>8 A. No.</p> <p>9 Q. How many well-being checks are you supposed to go through with a ligature around your neck?</p> <p>10 MR. HIVELEY: Object to form.</p> <p>11 Argumentative.</p> <p>12 BY MR. BENNETT:</p> <p>13 Q. He didn't say not answer the question.</p> <p>14 MR. HIVELEY: Go ahead and answer if you want to.</p> <p>15 THE WITNESS: Please repeat again.</p> <p>16 BY MR. BENNETT:</p> <p>17 Q. How many well-being checks should you go through with a ligature around your neck and no action being taken?</p> <p>18 A. Well, you shouldn't go through any with a ligature around your neck.</p> <p>19 Q. It takes a while to hang yourself, doesn't it?</p>
<p>35</p> <p>1 staff members need to slow down and need to be 2 more deliberate and thorough at each such cell; 3 correct?</p> <p>4 A. Correct.</p> <p>5 Q. And was that an issue in Brenner?</p> <p>6 A. I don't believe so.</p> <p>7 Q. Okay. How about in the Lynas suicide?</p> <p>8 A. Well, let me -- let me -- I got the names mixed up. Can you repeat your question regarding Brenner?</p> <p>9 Q. Was there any well-being check issue in -- in -- 10 in Brenner?</p> <p>11 A. Yes, according to the DOC.</p> <p>12 Q. Well, how about according to you?</p> <p>13 A. Well, I'd have to go review that footage again, but they were done quickly.</p> <p>14 Q. How about with regard to Lynas?</p> <p>15 A. I would have to review that again, but I didn't believe so. And the DOC did their investigation and they didn't find anything wrong with them either.</p> <p>16 Q. Uh-huh. Well, how was -- how would you rate the effectiveness of the Lynas well-being checks?</p> <p>17 A. I would have to look at the times again.</p> <p>18 Q. Well, how did -- how did they do? Did they</p>	<p>37</p> <p>1 MR. HIVELEY: Object to form. 2 Go ahead and answer, if you know.</p> <p>3 BY MR. BENNETT:</p> <p>4 Q. To kill yourself by hanging, it takes some time, 5 doesn't it?</p> <p>6 A. Well, not always.</p> <p>7 Q. Not always?</p> <p>8 A. You can go pretty -- I mean, it depends how long your oxygen is -- you're deprived of oxygen.</p> <p>9 Q. And that is how long?</p> <p>10 A. A couple of minutes.</p> <p>11 Q. A couple? You've taken tests -- I know you've taken the first responder test.</p> <p>12 A. No, I'm not a first responder.</p> <p>13 Q. You're not?</p> <p>14 A. No.</p> <p>15 Q. You've never been?</p> <p>16 A. No.</p> <p>17 Q. Never taken it?</p> <p>18 A. No.</p> <p>19 Q. And never, in any of the educational stuff for running a jail, been taught how long it takes to hang yourself effectively?</p> <p>20 A. To effectively hang yourself?</p> <p>21 Q. Yeah.</p>

	38	40
<p>1 A. No.</p> <p>2 Q. So --</p> <p>3 A. I mean, it just depends upon how much oxygen is deprived from your brain before you pass out.</p> <p>4 Q. Uh-huh. Okay. You've got to fashion the ligature, too; right? You've got to make one?</p> <p>5 A. Yes.</p> <p>6 Q. And you've got to tie it to something that will hold your weight?</p> <p>7 A. Yes.</p> <p>8 Q. And you've got to do all of that without anybody seeing you?</p> <p>9 A. Yes.</p> <p>10 Q. And then you've got to actually hang yourself; right?</p> <p>11 A. Yes.</p> <p>12 Q. And it doesn't happen like, you know, like a hanging in the civil war, where they break your neck with a noose? It's a -- it's a strangulation by ligature; right?</p> <p>13 A. Yes.</p> <p>14 Q. What are well-being checks meant to do?</p> <p>15 A. They're meant to -- just as the name implies, to make sure that the inmate is okay.</p> <p>16 Q. Respirating and -- I mean breathing?</p>	<p>1 Q. Well, necessarily better, isn't it?</p> <p>2 A. It could be where they're -- they're positioned, but you could see better from that window, yes.</p> <p>3 Q. You -- you can't see the entirety of the cell from the ports available to look through in that catwalk area, can you?</p> <p>4 A. Well, you couldn't see the wall that's -- would be right on the -- where the windows are.</p> <p>5 Q. Well, that's -- it's actually -- as you look, it's left of the windows, and there's backlighting; right?</p> <p>6 A. Where the glass ports are, right above the sink and the toilet, and then to the left is -- is the bunk.</p> <p>7 MR. BENNETT: What number are we here?</p> <p>8 BY MR. BENNETT:</p> <p>9 Q. As you look at Exhibit 30, the four holes are the holes you could look through; right?</p> <p>10 A. (No audible response.)</p> <p>11 Q. And the top left hole shows the reflection of the area you can't see?</p> <p>12 A. This picture is -- I'm looking through -- this is -- picture is taken through the inspection port in the catwalk?</p> <p>13 Q. Correct.</p>	
<p>1 A. Breathing, yes.</p> <p>2 Q. That he doesn't -- that his neck is free of ligatures?</p> <p>3 A. Yes.</p> <p>4 Q. You have only one-person cells; right? Or do you have multi-person cells? You do have multi-person cells?</p> <p>5 A. Yes.</p> <p>6 Q. You've got to be sure that one inmate is not killing the other inmate?</p> <p>7 A. Correct.</p> <p>8 Q. Or harming them in some way?</p> <p>9 A. Uh-huh.</p> <p>10 Q. To do a well-being check, you have to visualize the inmate?</p> <p>11 A. You have to see the inmate.</p> <p>12 Q. And be sure that what you're observing is his well-being; correct?</p> <p>13 A. Yes.</p> <p>14 Q. Would you agree that it's easier to do that from the front of the cell, rather than in those few cells that this jail has with a catwalk and that's in a circular viewing area -- a grated, circular viewing area?</p> <p>15 A. The view may be better.</p>	39	41

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<p>1 A. Well, it depends what you -- I'm not there 2 looking, to see around there, so... 3 Q. But you can't see -- 4 A. You couldn't see that ligature tied off in that 5 area. 6 Q. Yeah. And that's an important thing to be able 7 to look at, isn't it? 8 A. To see that part of the cell? 9 Q. Yeah. 10 A. Yeah, it's all important. 11 Q. It's sort of a design flaw for well-being 12 checks, isn't it? 13 A. I don't know if it's a design flaw. 14 Q. Well, it's -- it's not present on the front? 15 You can go in and you can see the whole cell, as 16 you look from -- 17 A. Yes. 18 Q. -- the front of it -- 19 A. Yes. 20 Q. -- right? And if somebody's out of -- 21 out-of-their-jail time might be truncated a bit, 22 but that's not more important than a human life, 23 is it? 24 A. That's not more important than a human life, no. 25 Q. So if you get 57 minutes of being out, and you</p>	<p>1 MR. HIVELEY: Object -- 2 MR. BENNETT: -- or a nurse or something. 3 MR. HIVELEY: -- to form. Relevance. 4 MR. PROWANT: Join. 5 BY MR. BENNETT: 6 Q. Well, do you? 7 A. To go see -- 8 Q. Do you go see a doctor, or do you go see the 9 physician's assistant? 10 A. I have seen a physician's assistant. 11 Q. I have too. Not for anything serious. 12 You know they have to -- you know that a 13 physician's assistant has to operate under the 14 supervision of a doctor? 15 A. Correct. 16 Q. Do you know why that is? 17 A. I don't know the specific statute. 18 Q. They don't go to medical school, do they, 19 physician's assistants? 20 A. They must go to some medical school. 21 Q. Yeah. They don't go to medical school, and they 22 don't go to residency, do they? 23 A. No. 24 Q. Well, so it used to be that Dr. Leonard was in 25 clinic here essentially every day?</p>
43	45
<p>1 have a good well-being check, and the person is 2 not dead, that's a better outcome; right? 3 A. It's always a better outcome. 4 Q. Would it be fair to say that the Sherburne 5 County Jail inmates are getting significantly 6 less face time with the medical provider than 7 they did in the time period from 2003 to 2013 -- 8 2006 to 2013? Pardon me. The pre-MEnD era? 9 A. The pre-MEnD era? 10 Q. Yeah. 11 A. That would be hard to quantify. 12 Q. Well, if you see -- when he was here -- do they 13 see more of Dr. Leonard now, or did they see him 14 more when you gave him the position in 2006? 15 A. Are you talking Dr. Leonard -- 16 Q. No. 17 A. -- or his provider? You're talking -- 18 Q. I'm talking about a medical doctor. 19 A. A medical doctor? 20 Q. Yeah. 21 A. They would have access to a physician assistant 22 or nurse practitioner. It wouldn't be a medical 23 doctor. 24 Q. Well, I don't go to the doctor to see a 25 physician's assistant or medical --</p>	<p>1 A. I couldn't say it was every day. 2 Q. Most days of the week? 3 A. Most days. 4 Q. All right. Let's use your term. Most days of 5 the week? 6 A. Yes. 7 Q. And now he's here very infrequently? 8 A. Yes. 9 Q. Four times a year? 10 A. Four times a year -- 11 Q. Would that be about right? 12 A. -- possibly more. 13 Yeah. 14 Q. Any other doctors actually show up here, that 15 you remember seeing? 16 A. No. 17 Q. I mean medical doctors, not Ph.Ds. 18 A. No. 19 Q. Okay. And you -- have you looked at the 20 contract? 21 A. I have seen the contract, yes. 22 Q. Is there anything in the contract that you've 23 seen, that says when the trigger is to see a 24 medical doctor? 25 A. No.</p>

<p>46</p> <p>1 Q. One of the things that you have to have approved 2 by the medical doctor, is taking somebody off 3 suicide watch; right? 4 A. I don't know if it was a medical doctor or the 5 provider. 6 Q. Well, who is the provider? That could be the 7 part-time medical doctor, then? 8 A. It could be the physician's assistant, it could 9 be the nurse practitioner, or the medical -- the 10 mental health director. 11 Q. Well, it doesn't -- 12 MR. BENNETT: Which one is it? 46 or -- 13 BY MR. BENNETT: 14 Q. What does that mean to you (pointing)? This is 15 Exhibit 46. 16 A. The clinical director. 17 Q. Who is that? 18 A. In this case -- I don't know how they define the 19 "clinical director," being -- is this the ICE 20 report? 21 Q. Yeah. 22 A. Yeah, this is the ICE report back then. If -- 23 they define the "clinical director" as the 24 "provider." They could have done it that way. 25 Q. According to your policy --</p>	<p>48</p> <p>1 Q. Yep. 2 A. Yes. 3 Q. They're taught how to respond to suicide and 4 depressed inmates? 5 A. Yes. 6 Q. They talk about the importance of communication 7 between the inmates and jail medical staff? 8 A. Correct. 9 Q. So if the medical staff observes the things we 10 just talked about, how does the -- how did the 11 correctional staff find out about it? 12 A. When they put them on a watch in a gown? 13 Q. Well -- 14 A. How are we doing -- if they see these red flags 15 and they're saying they're suicidal, how does -- 16 how does the clinic communicate that to our 17 staff? 18 Q. This -- I just asked you about mental illness. 19 How do they -- 20 A. Oh. 21 Q. How do they find out if they're mentally ill 22 with some suicidality tendencies? 23 A. They would put them on the 15-minute watch for 24 closer -- 25 Q. Mental --</p>
<p>47</p> <p>1 MR. BENNETT: Is there -- have we marked 2 this one yet? 3 Yeah. Which one is that? 4 MR. HIVELEY: 51. 5 MR. BENNETT: I think it is. 6 BY MR. BENNETT: 7 Q. Exhibit 51 says the inmates "will remain on full 8 suicide watch until the medical provider or the 9 mental health specialist deems otherwise"; 10 correct? 11 A. Correct. 12 Q. Now, you don't have "suicide watch" anymore, so 13 what does that mean? 14 A. It would mean if they're in the gown up in 15 booking. 16 Q. Okay. Does the jail correctional staff receive 17 training with regard to mental illness? 18 A. Yes. 19 Q. They talk about red flags or warning signs for 20 suicidality? 21 A. Yes. 22 Q. They talk about symptoms of mental illness? 23 A. Yes. 24 Q. They talk about what suicide behaviors are? 25 A. The red flags for suicide, yes.</p>	<p>49</p> <p>1 A. -- observation. 2 Q. -- health watch? 3 A. Yes. 4 Q. Were you aware that a physician's assistant, 5 according to her, ordered an urgent mental 6 health referral on November 5, 2017 for James 7 Lynas? 8 A. I wasn't aware of that. 9 Q. But she testified that that would mean one to 10 two days. Would that be -- would that 11 correspond to your kind of immediate -- it's a 12 chop-chop kind of thing? "Go, let's do it"?13 A. Well, it depends upon the information that she 14 would have heard at the time. 15 Q. Do you know if the Lynas correctional personnel 16 ever told mental health -- or -- or MEnD, at 17 all, that he was on -- put in special housing 18 for an infraction with a guard? 19 A. No, I don't know. 20 Q. Should they? 21 A. If he was exhibiting -- a lot of times when 22 inmates are moved from -- that are on a watch in 23 general population, moved to special housing, 24 that -- at that time they may not have notified 25 them, unless there was a reason to do so based</p>

<p>1 on his -- if there's any warning signs.</p> <p>2 Q. Well, is there some transition that they know</p> <p>3 that he's on a 15-minute mental health watch</p> <p>4 because of blank?</p> <p>5 A. He still would have been on the mental health</p> <p>6 watch.</p> <p>7 Q. Everybody up there was; right? There were four</p> <p>8 inmates up there with mental -- 15-minute mental</p> <p>9 health watches?</p> <p>10 A. I don't know the other inmates, what their watch</p> <p>11 status was.</p> <p>12 Q. It would be logical for mentally ill inmates on</p> <p>13 15-minute mental health watches to get -- who</p> <p>14 committed infractions, to get them into special</p> <p>15 housing, though; right?</p> <p>16 A. At times. Not necessarily.</p> <p>17 Q. Well, there's a certain logic to it, that I</p> <p>18 think you can see; correct?</p> <p>19 A. Well, it depends. Some of them may have been</p> <p>20 back there for disciplinary reasons.</p> <p>21 Q. Well, a person who has on -- was on a 15-minute</p> <p>22 mental health watch may be continually</p> <p>23 decompensating and be -- and they might need to</p> <p>24 be reassessed because of a behavioral problem;</p> <p>25 right?</p>	50	<p>1 also.</p> <p>2 But go ahead and answer if you understand</p> <p>3 the question.</p> <p>4 MR. BENNETT: Can you find Pfeifer's</p> <p>5 depo?</p> <p>6 (Sotto voce speaking between</p> <p>7 Mr. Bennett and Ms. Bennett.)</p> <p>8 THE WITNESS: I don't know what -- what MEnD</p> <p>9 would be thinking. Alls I know is what the</p> <p>10 15-minute watch would mean to us.</p> <p>11 BY MR. BENNETT:</p> <p>12 Q. Well, but MEnD has been instructed not to use</p> <p>13 "suicide watch"; right?</p> <p>14 A. Okay.</p> <p>15 Q. And that was a decision of the Sherburne County</p> <p>16 authorities?</p> <p>17 A. Yes.</p> <p>18 Q. Not MEnD?</p> <p>19 A. It wouldn't be MEnD.</p> <p>20 Q. Okay.</p> <p>21 MR. HIVELEY: What page are you on?</p> <p>22 MR. BENNETT: Sixty-eight. Lines 2</p> <p>23 through 15.</p> <p>24 BY MR. BENNETT:</p> <p>25 Q. She said that -- Alyssa Pfeifer, do you know</p>	52
<p>1 A. Poss- --</p> <p>2 MR. PROWANT: Objection, form.</p> <p>3 MR. HIVELEY: Go ahead and answer, if</p> <p>4 you know.</p> <p>5 THE WITNESS: Possibly.</p> <p>6 BY MR. BENNETT:</p> <p>7 Q. Was that quality assurance review in June of</p> <p>8 2010 the reason that you took off "suicide</p> <p>9 watch"?</p> <p>10 A. I don't know.</p> <p>11 Q. What does a 15-minute mental health watch alert</p> <p>12 you to, as the supervisor of corrections for the</p> <p>13 county?</p> <p>14 A. It means there's an inmate that has special</p> <p>15 needs, that needs closer observation.</p> <p>16 Q. What needs?</p> <p>17 A. It depends. It could be that -- to document</p> <p>18 their behavior, so the clinic could take a look</p> <p>19 at that, or just to keep a closer eye on them.</p> <p>20 Q. Were you aware that the MEnD folks believed that</p> <p>21 if he's at risk for suicide, he's on the</p> <p>22 15-minute watch?</p> <p>23 MR. PROWANT: Objection, form.</p> <p>24 Speculation.</p> <p>25 MR. HIVELEY: I'll object as to form</p>	51	<p>1 her? Have you met her?</p> <p>2 A. Alyssa? Yeah.</p> <p>3 Q. She said there's a 15-minute and a 30-minute</p> <p>4 mental health watch -- mental health watch.</p> <p>5 That's right?</p> <p>6 A. Right.</p> <p>7 Q. And Crystal Waagmeester, who you have not met</p> <p>8 because she's never set foot in your jail --</p> <p>9 have you met her?</p> <p>10 A. Don't know her.</p> <p>11 Q. She's the physician's assistant who said -- had</p> <p>12 her put -- had Alyssa put Lynas on a 15-minute</p> <p>13 watch.</p> <p>14 A. Okay.</p> <p>15 Q. (As read),</p> <p>16 "A. Correct.</p> <p>17 "Q. And what did that indicate to you, as</p> <p>18 an RN for MEnD?</p> <p>19 "A. We were monitoring him. He's at risk</p> <p>20 for suicide, so he's on 15-minute watch. And we</p> <p>21 were concerned for his mental health and that's</p> <p>22 why he's placed on the watch."</p> <p>23 A. Okay.</p> <p>24 Q. Is that -- is that what you expect them to</p> <p>25 understand?</p>	53

	<p>54</p> <p>1 A. Who? Our staff? 2 Q. Well, MEnD too, in dealing with your inmates? 3 A. Yeah. If they're on 15-minute watch, we're 4 looking at -- we're monitoring the inmate's 5 well-being, whether it's on a 15-minute suicide 6 watch or a mental health watch. 7 Q. But there could be suicidality concerns with a 8 15-minute mental health watch; correct? 9 A. Possibly, yes. 10 Q. All right. Are there more than two suicidal 11 inmates at any time in the Sherburne County 12 Jail? 13 A. Yes. 14 Q. Are there more than two that are allowed in the 15 suicide watch cells? 16 A. It depends on how many people are designated for 17 wearing the gowns. 18 Q. Well, have you had more than two? 19 A. Yes. 20 Q. What do you do with them? 21 A. Well, they'd have to go into another holding 22 cell there. 23 Q. In where? 24 A. In booking. 25 Q. Oh, okay. Not "there," somewhere else in the --</p> <p>1 Q. Yeah, I know that. 2 A. Yeah. 3 Q. And -- 4 A. Probably MEnD. Probably MEnD. 5 Q. You don't know that for certain? 6 A. I don't know the numbers, no. 7 Q. Were you aware that on November 3rd Lynas had 8 endorsed suicidal ideations to MEnD personnel? 9 A. No, I didn't know that. 10 Q. What would you have expected them to do if he 11 did? 12 A. It depends what the ideations were. If they 13 would have thought it was appropriate, he would 14 have been moved to booking and placed in a gown. 15 Q. Uh-huh. 16 (Sotto voce speaking between 17 Mr. Bennett and Ms. Bennett.) 18 BY MR. BENNETT: 19 Q. But he was in gen pop before he was placed by 20 the -- the guards in the booking; right? 21 A. Into special housing. 22 Q. Into special housing, yeah. 23 A. Yes. 24 MR. BENNETT: I really messed these up. 25 (Sotto voce speaking.)</p>	56
	<p>55</p> <p>1 A. In booking. 2 Q. Okay. You're aware that Lynas was on the 3 withdrawal protocol too; correct? 4 A. I wasn't aware that he was on the withdrawal 5 protocol. 6 Q. You were not? 7 A. I don't recall him being on the withdrawal 8 protocol. 9 Q. How do inmates actually get the gown to go into 10 booking? 11 A. How do they get the gown? 12 Q. Yeah. 13 A. It would either be one of our supervisors were 14 notified that somebody made suicidal comments, 15 or the clinic told us, and they would be 16 escorted to booking and changed out in the gown. 17 Q. Okay. In the fall of '17 who was putting people 18 on suicide watch more, the correctional staff or 19 the MEnD staff? 20 A. I -- I don't know. You mean putting people in 21 gowns and putting them in Tag? 22 Q. Yeah. Well, I know you'd give them the gowns, 23 but who was making the decisions -- was it more, 24 you know -- 25 A. We can do it and so can MEnD.</p> <p>1 MR. BENNETT: I'm not going to -- 16. 2 What number was Pfeifer's deal? Was it 15 or 3 16? 4 MS. BENNETT: 16. 5 MR. BENNETT: 16. 6 BY MR. BENNETT: 7 Q. So look at 16, if you will. It's tough to -- 8 it's not the easiest thing to read. 9 Can you read it? 10 A. Yes, I can. 11 Q. All right. Now, this is dated the 5th; right? 12 A. Okay. 13 Q. So he talks about in 2013 he felt like giving 14 up, and sold all of his guns so he wouldn't 15 shoot himself? Line 3. 16 A. Yep, I see that. 17 Q. That's certainly an indication of prior 18 suicidality, isn't it? 19 A. Yes. 20 Q. And then it says (as read), "Reports having a 21 rough time on the outside, but about 1.5 months 22 ago started putting his life back together, but 23 still continued to use opiates." 24 Opiate use itself is a risk factor for 25 suicide, isn't it?</p>	57

<p>1 A. Yes. Drug use, yes.</p> <p>2 Q. (As read), "Reports now being in jail is the 3 first time in 1.5 years. He's been sober and 4 having to deal with -- deal with his mental 5 health. When asked how he's currently coping 6 with it, the patient stated, quote, 'Honestly 7 I'm suffering and not coping with it.'" 8 That's certainly evidence of suicidal 9 tendencies; correct?</p> <p>10 A. Yes.</p> <p>11 Q. (As read), "Then patient reports he went to 12 court and got four months. Possibility of going 13 on work release after 30 days, but thinks it's 14 in his best interest to do four months and then 15 go to treatment due to dual diagnoses, to get 16 help for drug use and mental health, like at 17 Nystrom or Recovery Plus." Do you see that?</p> <p>18 A. Yep.</p> <p>19 Q. (As read), "Patient reports," quote, 20 "definitely feeling depressed"; that's a -- 21 a --</p> <p>22 A. (As read), "Reports the last time he went to 23 treatment his mental health was not addressed. 24 He thinks this was part of the issue of 25 returning to drugs." Okay.</p>	58	<p>1 have gotten this information.</p> <p>2 Q. Okay. And you'd had him see an RN, or what?</p> <p>3 A. Somebody at the clinic, yes.</p> <p>4 Q. A mental health professional?</p> <p>5 A. If they were there, yes.</p> <p>6 Q. Because these are mental health problems that 7 he's endorsing; correct?</p> <p>8 A. Correct.</p> <p>9 Q. And that's on the same day that the urgent 10 referral was made; does that make sense?</p> <p>11 A. What's the date on this?</p> <p>12 Q. The 5th.</p> <p>13 A. Yes.</p> <p>14 Q. I mean, do you recognize this as someone with an 15 urgent need for a mental health review, anyway?</p> <p>16 MR. HIVELEY: Object to form.</p> <p>17 MR. PROWANT: Join.</p> <p>18 THE WITNESS: Yes, he had mental health 19 issues.</p> <p>20 BY MR. BENNETT:</p> <p>21 Q. And they needed to be reviewed by somebody who 22 knew what they were doing?</p> <p>23 A. Well, they needed to be reviewed by the clinic.</p> <p>24 Q. Well, who's the -- who's "the clinic"? That's 25 an --</p>	60
<p>1 Q. So he reported the last time he went to 2 treatment it was not addressed. (As read), "The 3 patient reports 'definitely' feeling depressed, 4 'and my anxiety is through the roof.'"</p> <p>5 A. Okay.</p> <p>6 Q. That's not good either, is it, as a suicidality 7 tendency, both depression and anxiety?</p> <p>8 A. They are warning signs.</p> <p>9 Q. (As read), "Reports feeling stressed about being 10 locked in for 20 hours a day while in Gamma, but 11 when he's out of his cell and walks -- he 12 watches TV and walks, which helps. Reports that 13 insomnia is maddening." Do you see that?</p> <p>14 A. Uh-huh.</p> <p>15 Q. He's going "crazy with thoughts, and going 16 through many emotions like frustration, 17 irritated and then emotional."</p> <p>18 That sounds like a person who is 19 decompensating, doesn't it?</p> <p>20 MR. PROWANT: Objection, form.</p> <p>21 THE WITNESS: It sounds like he's having 22 issues.</p> <p>23 BY MR. BENNETT:</p> <p>24 Q. What if you had heard this?</p> <p>25 A. I would have contacted the clinic, if I would</p>	59	<p>1 A. Well --</p> <p>2 Q. -- amorphous answer. Do you mean a mental 3 health provider that knows what they're doing?</p> <p>4 A. The medical health person that was back in the 5 clinic, yes, would have reviewed that.</p> <p>6 Q. Okay. Would you -- were you surprised that 7 someone who had endorsed those symptoms 8 committed suicide?</p> <p>9 A. Well, when I'm looking at this -- I mean, he 10 denies suicidal thoughts, when he's talking 11 about these things, and that's a big warning 12 sign too. And he does have issues. I mean, 13 there's -- I would dare say there's probably a 14 lot of inmates back there that have the same 15 types of mental health issues.</p> <p>16 Q. And you don't know what a -- there are tests 17 that help you determine levels of depression and 18 that sort of thing; right?</p> <p>19 A. Well, I know that now, yeah.</p> <p>20 Q. Okay. So if you have a clinical test and that, 21 and then I think a day before that, I think he 22 endorsed -- 14?</p> <p>23 MR. BENNETT: Do you not turn off your 24 thing? I'm hearing -- we're hearing --</p> <p>25 MR. HIVELEY: It's another office.</p>	61

<p>1 MR. BENNETT: Oh, it's another -- is the 2 guy practicing the saxophone or what? 3 THE WITNESS: That's -- that's the 4 ringer on my phone. 5 MR. BENNETT: You're the only one that 6 didn't get the memo? 7 BY MR. BENNETT: 8 Q. So this is -- this is two days before, at the 9 same clinic with the supervisor, and the 10 exhibit -- 11 MS. BENNETT: 19. 12 BY MR. BENNETT: 13 Q. -- 19. He endorses -- "Suicidal Ideation: 14 Yes." "Last night between" -- gosh, when -- 15 "stomach hurt." Withdrawal. It was the 16 withdrawal, I believe. 17 MR. HIVELEY: I didn't catch the last 18 thing you said. 19 MR. BENNETT: When his stomach hurt. I 20 think that was the withdrawal symptom he was 21 talking about. 22 MR. HIVELEY: Okay. 23 THE WITNESS: Okay. 24 MR. BENNETT: I think that's what the 25 testimony is.</p>	<p>62</p>	<p>1 this situation. 2 Q. Okay. 3 MR. BENNETT: That's good enough. 4 Thanks. I don't have any further questions. 5 MR. PROWANT: I have no questions. 6 MR. HIVELEY: We'll read and sign. 7 MR. BENNETT: Thanks. I appreciate it. 8 Good to see you again. 9 THE WITNESS: Yes. 10 (Discussion held off the record.) 11 VIDEOGRAPHER: This concludes the 12 deposition. 13 The time is 1:27 p.m. 14 (Concluded at 1:27 p.m.) 15 * * *</p>
<p>1 BY MR. BENNETT: 2 Q. So you got -- regular suicidal ideation, the 3 nurse, the urgent referral from the PA, who 4 happened to be in Crow Wing County, and the 5 BDI score of 43, which is -- it's like golf: 6 You want a low score -- 7 A. Okay. 8 Q. -- you don't want a high score. 9 MR. HIVELEY: Do you want him to answer 10 anything in that, or -- 11 BY MR. BENNETT: 12 Q. Well, that's -- that's -- that's the picture 13 that appears in these records, and is that 14 concerning to you? 15 MR. PROWANT: Objection, form, 16 relevance. 17 BY MR. BENNETT: 18 Q. That he never saw a qualified mental health 19 professional? 20 A. He was put in for the urgent referral. 21 Q. Yeah. 22 A. That's what you said? 23 Q. Yeah. 24 A. He was put in for an urgent referral. I can't 25 make -- I can't put myself in MEnD's place in</p>	<p>63</p>	<p>1 STATE OF MINNESOTA) 2 : ss CERTIFICATE 3 COUNTY OF WASHINGTON) 4 I, Janet D. Winberg, hereby certify that 5 I reported the video deposition of PATRICK CARR 6 on the 16th day of September, 2019, in 7 Elk River, Minnesota, and that the witness was, 8 by me, first duly sworn to tell the truth; 9 That the testimony was transcribed by me and is 10 a true record of the testimony of the witness; 11 12 That I am not a relative, or employee, or 13 attorney, or counsel of any of the parties; or a 14 relative or employee of such attorney or 15 counsel; 16 That I am not financially interested in the 17 action and have no contract with the parties, 18 attorneys or persons with an interest in the 19 action that affects or has a substantial 20 tendency to affect my impartiality; 21 That the right to read and sign the transcript 22 by the witness was reserved. 23 24 WITNESS MY HAND AND SEAL THIS 23rd day of 25 September, 2019.  Janet D. Winberg JANET D. WINBERG Registered Professional Reporter Notary Public Washington County, Minnesota.</p>

66

1 STATE OF MINNESOTA)
2 : SS CERTIFICATE
3 COUNTY OF WASHINGTON)
4 . I, PATRICK CARR, certify that I have read
5 and examined the typewritten transcript of the
6 video deposition taken of me in the matter of
7 Lynas vs. Linda S. Stang, et al., on
8 September 16, 2019, consisting of the preceding
9 pages, and find the same to be true and correct
(Except as follows):

10 Reason
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12 _____
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25 PATRICK CARR

67

1 EXAMINATION INDEX
2

3 By Mr. Bennett: 4-64
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
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18 (Pages 66 to 67)

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<p>A</p> <p>able 19:1 42:6 AC 10:18 accept 13:8 access 43:21 ACH 10:14 12:19,20,22 ACS 12:17,17 action 28:13,14 29:3 34:25 36:21 65:10,11 activities 5:13,14,15,19 actual 9:22 18:19 addicted 27:7 addiction 7:15 additional 15:1 addressed 58:23 59:2 administration 23:2 27:20 administrator 5:23 6:5 7:21 23:13 administrators 14:10 admit 33:17 Advanced 10:16,17 13:24 affect 65:12 afforded 34:20 age 27:6 agencies 8:3,10 ago 24:4 57:22 agree 39:20 agreed 12:4 ahead 31:7 36:16 37:2 51:3 52:2 al 1:6 66:6 alert 51:11 allowed 54:14 Alls 52:9 Alyssa 52:25 53:2,12 amendments 9:1 amorphous 61:2 amount 7:10 Anoka 4:14 answer 20:14 31:7,7 36:15 36:16 37:2 51:3 52:2 61:2 63:9 anxiety 59:4,7 anybody 36:6,8 38:11 anymore 47:12 anyway 60:15 appearance 3:7 APPEARANCES 2:1 appearing 3:8 appears 63:13 applicable 25:13 appreciate 64:7 approach 11:16 appropriate 56:13 approval 6:23,24 approved 46:1 approximately 5:9,21 17:25 33:20 area 39:23,24 40:6,21 41:23 42:5 Argumentative 36:13 art 4:10 ascertain 24:22 asked 48:18 58:5 asking 19:21 assistant 19:9,10 20:10 43:21,25 44:9,10,13 46:8 49:4 53:11 assistants 20:23 44:19 assurance 51:7 attempts 27:13,14 attended 4:11 attorney 2:3,3,9,13 65:8,8 attorneys 65:11 audible 40:19 authorities 52:16</p>	<p>available 40:5 Avenue 2:10 aware 8:20 16:1 21:1 34:17 49:4,8 51:20 55:2 55:4 56:7</p> <p>B</p> <p>B.A 4:16 bachelor's 4:10 back 15:19,19 46:22 50:20 57:22 61:4,14 background 4:8 7:6 backlighting 40:11 backlit 41:13,17 based 30:18 49:25 basically 5:24 BDI 26:20 31:9,10,16,17 63:5 Beck 28:4 30:23 began 11:18 behalf 2:2,8,12 3:9 behavior 51:18 behavioral 50:24 behaviors 29:17 30:8 47:24 believe 13:2,22 14:1 15:4 15:8 16:15,17 17:18 22:4 23:4 34:9 35:6,19 62:16 believed 51:20 Bennett 2:3,3,4,23 3:8,8 3:10,10 4:2 20:17,19 31:5,11,14 36:14,19 37:3 40:15,16 41:2,3 44:2,5 46:12,13 47:1,5,6 51:6 52:4,6,6,11,22,24 56:16,16,18,24 57:1,4,5 57:6 59:23 60:20 61:23 62:1,5,7,11,12,19,24 63:1,11,17 64:3,7 67:2 best 58:14 better 9:25 39:25 40:1,3 43:2,3 beyond 6:9 big 61:11 Birrell 2:4,23 bit 42:21 blank 31:23 50:4 blended 26:7 Bloomington 2:10 Board 16:2 booking 25:22 32:10 47:15 54:24 55:1,10,16 56:14,20 bprowant@larsonking.... 2:16 Bradley 2:13 3:14 brain 38:4 break 38:18 breathing 38:25 39:1 Brenner 21:21 33:23 34:6 35:5,10,12 36:3,4,6 Brenner's 18:16 Brian 5:25 briefly 4:25 5:1 brother 11:23 14:23 brother's 11:7 14:22 Brott 16:22 bunch 23:19 bunk 40:14 Business 1:15</p> <p>C</p> <p>C 1:4 3:1 C-A-R-R 4:5</p>	<p>call 25:24 28:11 called 3:21 care 8:22,23 9:1,6,15 10:17 15:21,23 19:7 28:16 Care's 17:10 Carr 1:10 3:4,20 4:5 6:5 6:3,25 case 1:2 23:16 46:18 catch 62:17 catwalk 39:22 40:6,24 41:21 cell 25:22 35:2 39:21 40:4 41:14,24 42:8,15 54:22 59:11 cells 23:7 33:7 39:5,6,7,22 54:15 Center 1:15 certain 20:4 50:17 56:5 certainly 57:17 58:8 CERTIFICATE 65:1 66:1 certify 65:3 66:3 Change 66:10 changed 55:16 charge 6:25 cheaper 9:25 check 34:20 35:11 39:14 41:23 43:1 checks 34:12,19 35:23 36:10,20 38:22 42:12 chemicals 27:8 chop-chop 49:12 circular 39:23,24 civil 38:18 class 4:14 classification 31:21,22 classifications 34:22 clearly 24:20 clinic 13:13 14:24 19:3,11 28:11 29:2,12,14 30:19 30:21 44:25 48:16 51:18 55:15 59:25 60:3,23,24 61:5 62:9 clinical 24:23 46:16,19,23 61:20 clinically 23:22 close 24:15 closely 29:18 closer 48:24 51:15,19 clothing 26:5 Cloud 11:13 come 11:5 18:7,10 comes 10:14 15:19 command 4:12 6:5 commander 6:4 29:16 comments 55:14 committed 50:14 61:8 communicate 48:16 communication 6:7 48:6 community 5:19 company 18:20 complained 23:21 concerned 53:21 concerning 25:4 63:14 concerns 54:7 Concluded 64:14 concludes 64:11 Condon 2:9 conference 14:10 consent 16:6 consider 33:2 consistent 24:12 consisting 66:7 Constitution 9:2 constitutionally 8:21 9:6 contact 29:2 30:17</p> <p>D</p> <p>D 1:24 3:1 65:3,20 dare 61:13 date 19:5 60:11 dated 57:11 66:23 dates 22:2 David 1:3 2:2 day 18:4 44:25 45:1 59:10 60:9 61:21 65:4,14 66:23 days 17:3 45:2,3,4 49:10 58:13 62:8 dead 43:2 deal 8:16 13:9 15:23 57:2 58:4,4 dealing 7:11 19:16 54:2 decide 33:14 decided 9:24 10:25 decision 10:23,23 29:14 52:15 decisions 10:24 11:1 55:23 decompensating 50:23 59:19 deems 47:9</p> <p>E</p>	<p>Defendants 1:7 2:8,12 3:13,15 define 46:18,23 defined 19:19 23:23 24:20 definitely 58:20 definitely' 59:3 degree 4:10 delegate 34:1 deliberate 35:2 delivered 2:23 denies 61:10 Department 8:6,12,13,14 9:10 34:13 depends 33:21 36:4 37:8 38:3 42:1 49:13 50:19 51:17 54:16 56:12 depo 52:5 deposition 1:9 3:4 64:12 65:3 66:5 depressed 30:1 48:4 59:3 depressed' 58:20 depression 27:11,12 28:4 30:24 59:7 61:17 deprived 37:9 38:4 describe 4:8,15 24:17 design 42:11,13 designated 54:16 detainee 24:18 detainees' 24:23 determination 23:12 determine 36:1 61:17 determined 30:18 DHS 23:20 diagnoses 58:15 dictate 34:1 dictated 27:20 different 6:4 12:16 26:5 33:6 difficult 24:22 director 46:10,16,19,23 disciplinary 50:20 disciplined 36:6,8 discontinuation 22:19 discussed 32:1 discusses 27:19 discussion 22:24 23:14 28:2 64:10 discussions 14:4 DISTRICT 1:1 divided 6:14 DOC 34:4,5 35:13,19 doctor 19:8 33:13,14 43:18,19,23,24 44:8,14 45:24 46:2,4,7 doctors 18:19,19 45:14,17 document 24:25 30:8 51:17 documentation 16:20 documents 7:4 24:1 doing 10:10 14:24 19:11</p>
--	---	---	---

E 3:1,1 earnest 26:12 easier 39:20 easiest 57:8 East 2:14 education 5:15 20:4 22:6 educational 4:8 37:21 educationally 7:6 effectively 8:5 37:23,24 effectiveness 35:23 either 5:15 7:7 10:7 11:21 18:10 30:17 35:21 55:13 59:6 eliminated 23:3,8 Elk 1:15 5:2 65:4 email 27:17,18 emergency 33:11 emotional 59:17 emotions 59:16 employ 9:22 employed 18:19,20 employee 19:4 65:7,8 employees 12:15 employment 4:18 endorsed 56:8 61:7,22 endorsements 62:13 endorsing 60:7 Ensign 2:10 ensure 9:9 entirety 40:4 entitled 8:21,22 entrust 9:15 Envision 1:25 era 43:8,9 escorted 55:16 essentially 8:20 44:25 estimate 17:23 et 1:6 66:6 Evanston 4:13 everybody 32:1 50:7 evidence 58:8 exact 13:6 15:18 16:7 17:17,21 24:23 exactly 16:12 EXAMINATION 4:1 67:1 examined 3:22 66:4 example 17:24 Excuse 21:16 exercise 5:15 exhibit 24:3 26:9 34:16,17 40:17 41:4 46:15 47:7 62:10 exhibiting 49:21 exhibits 2:25 existence 25:18 expect 19:22 53:24 expected 56:10 experience 7:11 20:5 experientially 7:7 eye 51:19	finally 7:4 financially 65:10 find 11:21 35:20 48:11,21 52:4 66:8 finding 30:13 fine 36:2 finger 26:8 first 3:21 10:3,19 12:10,25 13:1 31:15 33:13 37:13 37:14 58:3 65:5 flags 47:19,25 48:14 flaw 42:11,13 folks 51:20 follows 3:22 66:9 food 26:6,8 foot 53:8 footage 35:15 form 20:12 31:3,6 36:12 37:1 44:3 51:2,23,25 59:20 60:16 63:15 foundation 20:13 founded 34:10 four 40:17 41:6 45:9,10 50:7 58:12,14 Frank 6:1 23:13 free 39:2 frequent 34:21 friend 11:7 front 39:21 42:14,18 frustration 59:16 full 4:3 47:7 full-time 4:18 19:11 function 9:10 further 64:4	g 3:1 game 14:15 Gamma 59:10 Gaskins 2:4,23 gen 56:19 general 49:23 generally 6:15 23:20 getting 43:5 give 13:7 29:21 55:22 given 18:3 33:18 giving 57:13 glass 40:12 go 4:13,22 5:22 13:18 14:16 25:21 31:6 33:11 35:15 36:11,16,20,23 37:2,8 42:15 43:24 44:7 44:8,8,18,20,21,22 49:12 51:3 52:2 54:21 55:9 58:15 goes 7:2 going 3:5 5:3 12:10 26:12 57:1 58:12 59:15,15 golf 14:15 63:5 good 17:1 43:1 59:6 64:3 64:8 gosh 62:14 gotcha 22:17 gotten 60:1 governs 19:24 gown 29:4 32:10 47:14 48:12 55:9,11,16 56:14 gowns 23:7 25:21 54:17 55:21,22 graduated 4:24 grated 39:23 grew 12:1 guard 49:18 guards 56:20 guess 7:10 17:22 19:21 guns 57:14	guy 21:17 62:2 H H 2:3 12:20 Hamline 4:10,21,22,24 HAND 65:14 handful 33:20 handle 19:1 handles 6:6 handling 5:13 hang 36:25 37:23,24 38:14 hanging 37:4 38:18 happen 28:2 32:13 33:18 38:17 happened 11:25 16:5 25:10 29:13 63:4 hard 43:11 harming 39:12 HCMC 32:23 head 12:8 21:8 health 7:8,12 8:23 9:6,16 10:7,17 12:14 19:14,17 19:25 20:5,8,10,21,22 21:2,12,20,25 22:3,11 23:5,20 24:17 25:14,15 25:17 26:3 28:8,10,12 28:18 29:15 30:15 32:2 32:4,17,18 46:10 47:9 49:2,6,16 50:3,5,9,13,22 51:11 53:4,4,21 54:6,8 58:5,16,23 60:4,6,15,18 61:3,4,15 63:18 hear 29:8 heard 21:5 31:16 49:14 59:24 hearing 61:24,24 held 64:10 help 11:21 58:16 61:17 helps 59:12 high 4:22 5:4 11:4,6 26:19 63:8 higher 7:14 30:23 highest 25:17 hired 5:4 12:12,13 15:1 20:20 history 4:15 Hiveley 2:9 3:12,12 20:14 31:4,6 36:12,16 37:1 44:1,3 47:4 51:3,25 52:21 60:16 61:25 62:17 62:22 63:9 64:6 hold 33:15 38:9 holding 23:7 54:21 hole 40:20 41:17 holes 40:17,18 41:6 home 9:20 homogrown 9:21 Homeland 8:12,14,15 9:11 Honestly 58:6 hospital 32:14 33:9 Hospitals 11:19 hours 15:9,12,14 18:24 59:10 house 8:8 housed 8:23 housing 31:24 49:17,23 50:15 56:21,22 graduated 4:24 grated 39:23 grew 12:1 guard 49:18 guards 56:20 guess 7:10 17:22 19:21 guns 57:14	idea 28:22 ideation 62:13 63:2 ideations 24:19 56:8,12 ill 48:21 50:12 illness 7:15 47:17,22 48:18 immediate 28:13,14 49:11 immigration 8:8 impartiality 65:12 implementing 7:1 implies 38:23 importance 48:6 important 29:23 42:6,10 42:22,24 incidence 7:14 include 20:22 inconsistency 24:21 increased 7:20,23 increasing 7:18 INDEX 67:1 indicate 53:17 indication 29:21 57:17 individual 19:15 28:10 29:1 individuals 19:18 31:24 information 28:9 29:5 30:13 31:1 49:13 60:1 infraction 49:18 infractions 50:14 infrequently 45:7 initiate 29:3 inmate 7:11,14 9:7 30:21 34:21 38:24 39:9,10,15 39:16 51:14 inmate's 54:4 inmate/detainee 13:15 inmates 5:17 18:3 26:14 34:22 43:5 47:7 48:4,7 49:22 50:8,10,12 54:2 54:11 55:9 61:14 inside 5:18 insomnia 59:13 inspection 8:9 40:23 instituted 19:6 institution 9:5 13:4 28:23 instructed 52:12 interaction 31:18 interchangeably 24:20 interest 58:14 65:11 interested 65:10 Inventory 28:5 30:24 investigating 33:23 investigation 34:4 35:19 investigations 34:5 investigator 34:3 involved 6:21 22:19 33:22 irritated 59:17 isolate 24:18 issue 35:5,11 58:24 issues 59:22 60:19 61:12 61:15 it.'s 58:7 Iverson 2:9	jobs 5:3 Join 44:4 60:17 JRT/KMM 1:2 June 51:7 Justice 8:13,15 9:11
			K Kathryn 2:3 3:10 kbennett@gaskinsben... 2:6 keep 51:19 Kevlar 25:21 32:9 kicked 12:18,22 kill 37:4 Killing 39:10 kind 9:20 27:19 30:16 33:9 49:11,12 kinds 23:19 King 2:14 knew 11:9 23:16 60:22 know 11:2,5,9,14,15 13:9 14:3,16,16,17 15:4,14 16:9,13,22 17:2,12,17,18 17:21 18:11,18,22,25 19:13,20,21,23 20:3,14 22:25 25:3,8,10 26:21 26:23,24,25 27:1,2 28:4 28:15,21,24 29:24 30:2 30:22 31:2,7 32:6 33:7 37:2,12 38:17 42:13 44:12,12,16,17 46:4,18 49:15,19 50:2,10 51:4 51:10 52:8,9,25 53:10 55:20,22,24 56:1,5,6,9 61:16,19 known 11:3 31:17 knows 6:3	L L.L.P 2:4,23 Langenfeld 15:6 19:3,8 Larson 2:14 law 2:3,3,9,13 19:19,20,22 19:23 left 40:10,13,20 41:6 Leonard 10:9,9 11:2,3,20 12:4 13:23 15:12,25 17:13 43:13,15 44:24 let's 13:7,7 16:25 45:4 49:12 levels 61:17 life 42:22,24 57:22 ligature 36:11,21,24 38:6 38:20 41:16,24 42:4 ligatures 39:3 Linda 1:6 22:3 66:6 Line 57:15 LineCorrection 66:10 Lines 52:22 LLP 2:14 local 5:1 lock 33:6 locked 33:2 59:10 logic 50:17 logical 50:12 long 5:8,20 10:15,16 13:18 37:8,10,22 look 24:9 26:9 35:24 40:5 40:9,17,18 42:7,16 51:18 57:7 looked 45:19 looking 40:22 41:14 42:2 54:4 61:9 lot 29:22 49:21 61:14	
F face 43:6 facets 6:16 fact 19:24 22:25 factor 27:12 57:24 factors 26:23 27:1,4 fair 7:10 27:23,24 43:4 Fairview 11:18 12:13 fall 16:25 18:8,9 21:17 22:13 23:10,10 55:17 fashion 38:5 February 5:5 feeling 58:20 59:3,9 felt 57:13 filled 21:13	J jail 1:14 5:7,8,11,18,23 6:5 7:20 8:4 14:9 17:2 19:1 22:21 23:2,9,13 24:12 28:16 29:16 30:21 37:22 39:22 43:5 47:16 48:7 53:8 54:12 58:2 jails 8:24 17:13 18:2,4,21 James 1:4 26:15 49:6 Janet 1:24 65:3,20 Jason 2:9 3:12 jasonh@irc-law.com 2:11				

<p>low 63:6 lower 41:6 LPN 20:8 LPNs 20:22 Lumber 5:2 lumberyard 5:1 Lynas 1:3,4 2:2 21:21 26:13,15 33:23 34:6,9 35:7,17,23 36:8 49:7,15 53:12 55:2 56:7 66:6 Lynas' 18:16</p> <hr/> <p>M</p> <p>M 2:9 maddening 59:13 main 32:24 making 55:23 manner 23:1 marked 2:25 47:1 marking 13:9 Marshals 8:9,13 Marty 15:5 matter 66:5 mean 12:1,7 24:5 25:1 28:8,9 29:16 30:1 37:8 38:3,25 45:17 46:14 47:13,14 49:9 52:10 55:20 60:14 61:2,9,12 meaning 30:20,21 means 9:4 29:17 51:14 meant 17:7 31:17 38:22 38:23 medical 7:12 8:22 10:6,7 11:11,12,15,19 12:8 13:4 16:20 17:14 18:19 19:7,8 24:12,21 28:7,7 30:25 32:16 43:6,18,19 43:22,25 44:18,20,21 45:17,24 46:2,4,7,9 47:8 48:7,9 61:4 medically 9:15 30:14 Medicare 8:22 medicine 7:7 16:3 meeting 31:21,22 members 35:1 memo 62:6 MEuD 2:12 3:15 10:20 12:23 13:1 15:20,23 17:9,14 19:6 22:1 28:15 30:6,13,20 49:16 51:20 52:8,12,18,19 53:18 54:2 55:19,25 56:4,4,8 MEuD's 63:25 mental 7:7,12,15 8:22 9:16 10:7 19:14,17,25 20:5,10,21 21:2,12,20 21:25 22:3,11 23:5,20 24:17 25:14,15,17 26:3 28:10,12,17 29:15 30:14 32:2,4,17,18 46:10 47:9 47:17,22 48:18,25 49:5 49:16 50:3,5,8,8,13,22 51:11 53:4,4,21 54:6,8 58:4,16,23 60:4,6,15,18 61:2,15 63:18 mentally 48:21 50:12 mention 29:1 Mercy 32:22 33:1,10 messied 56:24 met 21:6,10 31:20 53:1,7,9 MHW-15 26:19 Michael 21:18 26:11 31:19 middle 15:20 41:16 Minneapolis 2:5 Minnesota 1:1 8:6 16:2,2 19:19 65:1,4,22 66:1</p> <hr/> <p>N</p> <p>N 3:1 name 4:3 15:5 22:5 38:23 named 21:18 names 35:8 Narcotic 16:17 necessarily 40:1 50:16 neck 36:11,21,24 38:19 39:2 need 34:22 35:1,1 50:23 60:15 needed 60:21,23 needs 19:17 51:15,15,16 never 37:17,19,21 53:8 63:18 next-of-kin 1:4 night 62:14 Nodding 21:8 non-correctional 5:14 noose 38:19 normal 7:16 29:19 33:6 Northwest 1:15 Northwestern 4:12 Notary 65:21 NOTE 2:23,25 noted 34:14 noticing 2:23 notified 29:12 49:24 55:14 November 6:19 16:25 49:6 56:7 number 13:6 31:9 40:15 57:2 numbers 56:6 nurse 21:4,7 43:22 44:2 46:9 63:3 Nystrom 58:17</p> <hr/> <p>O</p> <p>O 3:1 oath 28:1 object 20:12 36:12 37:1 44:1 51:25 60:16 objected 31:4 Objection 31:3 51:2,23 59:20 63:15 observation 24:17,23 34:21 49:1 51:15 observed 29:18 observes 48:9 observing 39:17 October 6:19 office 6:13,14 33:8 34:3 61:25 oh 29:11,12 33:20 48:20 54:25 62:1 okay 4:15,24 5:20 6:9,18 6:25 7:24 8:7,15 10:22 11:2,5,15,23 12:6,16 13:12 14:11,19,22,24 15:10 16:1,11,22,25 17:7,12,20 18:1,12,23 19:8,10,13 20:3,17,24 21:3,20 22:17,25 23:18 24:2,10 25:20 26:13,16 27:22,25 30:22 31:18</p>	<p>minutes 37:11 42:25 misspoke 21:16 mixed 35:8 MN 1:15 2:5,10,15 Monday 31:20 monitoring 53:19 54:4 months 57:21 58:12,14 moved 49:22,23 56:14 multi-person 39:6,7</p> <hr/> <p>N</p> <p>N 3:1 name 4:3 15:5 22:5 38:23 named 21:18 names 35:8 Narcotic 16:17 necessarily 40:1 50:16 neck 36:11,21,24 38:19 39:2 need 34:22 35:1,1 50:23 60:15 needed 60:21,23 needs 19:17 51:15,15,16 never 37:17,19,21 53:8 63:18 next-of-kin 1:4 night 62:14 Nodding 21:8 non-correctional 5:14 noose 38:19 normal 7:16 29:19 33:6 Northwest 1:15 Northwestern 4:12 Notary 65:21 NOTE 2:23,25 noted 34:14 noticing 2:23 notified 29:12 49:24 55:14 November 6:19 16:25 49:6 56:7 number 13:6 31:9 40:15 57:2 numbers 56:6 nurse 21:4,7 43:22 44:2 46:9 63:3 Nystrom 58:17</p> <hr/> <p>O</p> <p>O 3:1 oath 28:1 object 20:12 36:12 37:1 44:1 51:25 60:16 objected 31:4 Objection 31:3 51:2,23 59:20 63:15 observation 24:17,23 34:21 49:1 51:15 observed 29:18 observes 48:9 observing 39:17 October 6:19 office 6:13,14 33:8 34:3 61:25 oh 29:11,12 33:20 48:20 54:25 62:1 okay 4:15,24 5:20 6:9,18 6:25 7:24 8:7,15 10:22 11:2,5,15,23 12:6,16 13:12 14:11,19,22,24 15:10 16:1,11,22,25 17:7,12,20 18:1,12,23 19:8,10,13 20:3,17,24 21:3,20 22:17,25 23:18 24:2,10 25:20 26:13,16 27:22,25 30:22 31:18</p>	<p>placed 23:6 26:19 53:22 56:14,19 places 32:25 33:2 Plaintiff 1:5 2:2 3:9,11 plans 12:6 27:15,16 please 3:6 4:4,9 20:16 36:18 Plus 58:17 point 9:24 15:13 33:14 pointing 46:14 policies 6:21 7:1 9:9 24:13 policy 46:25 pop 56:19 population 7:11,14,16 49:23 port 40:24 portal 41:25 ports 40:5,12 position 6:18 43:14 positioned 40:2 Poss- 51:1 Possibility 58:12 possibly 22:12 25:7 29:25 30:3 45:12 51:5 54:9 PowerDMS 7:2 practicing 62:2 practitioner 43:22 46:9 pre- 35:22 36:4 preceding 66:7 prescriptions 16:15,17 present 42:14 pretty 37:8 prevention 29:4 previous 12:13 previously 15:15 prior 27:13,14,15 57:17 prisons 8:24 probably 9:19 19:6 26:6 56:4,4 61:13 problem 16:18 25:1 34:11 50:24 problems 7:12 16:1 34:15 60:6 procedures 6:22 7:1 process 7:2,3 professional 19:14 20:2,6 21:13,21,25 60:4 63:19 65:21 professional-social 14:11 14:12 professionally 11:17,18 12:2 program 5:11 programmer 5:7,8 programming 5:18 programs 5:16 promoted 5:11,23 pronouncing 15:5 protect 24:18 protocol 55:3,5,8 proved 12:20 provide 9:5 provided 5:16 7:25 provider 10:6 11:22 12:5 12:7,8,12 13:4 15:2 22:4 28:18 31:1 43:6,17 46:5 46:6,24 47:8 61:3 providers 9:22 17:14 20:11,21 Provant 2:13 3:14,14 20:12 31:3 44:4 51:2,23 59:20 60:17 63:15 64:5 psychiatric 21:4,7 33:3 psychiatrists 21:13 psychologists 21:10,15 21:16</p>	<p>Public 65:21 published 7:4 purpose 31:23 32:15 put 13:5 15:18 25:21 29:14 30:14 33:15 48:12 48:23 49:17 53:12,12 63:20,24,25 putting 55:17,20,21 57:22</p> <hr/> <p>Q</p> <p>qualified 19:13,25 20:5,10 21:24 28:17 63:18 quality 51:7 quantify 43:11 question 20:15 35:9 36:15 52:3 questions 64:4,5 quickly 35:16 quit 14:24 quite 13:5 quote 24:13,14,14,15,15 58:6,19</p> <hr/> <p>R</p> <p>R 2:13 3:1 ran 12:16 rate 35:22 36:4 rbennett@gaskinsbenn... 2:6 reached 11:20 read 24:11,25 25:3 27:17 53:15 57:8,9,20 58:2,11 58:19,22 59:2,9 64:6 65:13 66:3 reading 24:2 realize 24:5 really 26:11,11 56:24 reason 49:25 51:8 66:10 reasons 50:20 reassessed 50:24 recall 16:7,19,21 18:9,12 18:13 22:2,24 23:14 25:3 28:1 55:7 receive 47:16 recognize 27:3 60:14 record 3:5,7 4:3 5:12 24:21 26:18 64:10 65:6 records 63:13 Recovery 58:17 recreation 5:7,8 recurrent 9:6 red 47:19,25 48:14 referral 28:7,8,12 30:25 49:6 60:10 63:3,20,24 reflection 40:20 regard 35:17 47:17 regarding 35:9 Regions 32:23 33:7 Registered 65:21 regular 20:9,9 63:2 relationship 11:17 12:1 12:23 relative 65:7,8 release 5:19 58:13 relevance 44:3 63:16 remain 47:7 remember 10:14 13:22 18:8 24:2,6,24 25:1 45:15 renew 11:19 repeat 20:15 35:9 36:18 report 30:6 46:20,22 reported 59:1 65:3 reporter 1:24 3:16 65:21 reports 57:20 58:2</p>
--	---	---	--

<p>58:22 59:3,9,12 represent 26:18 requires 30:13 reserved 65:13 residency 44:22 Respirating 38:25 respond 48:3 responder 37:13,14 response 25:25 40:19 responsibilities 5:25 returning 58:25 Reuvers 2:9 review 6:22,24 7:3 35:15 35:18 51:7 60:15 reviewed 60:21,23 61:5 Reviewing 31:24 34:17 right 4:22 5:17 6:10,19 9:4 9:22 10:11,12,15 12:17 12:18,23 15:21 17:2 18:4,6 21:24 23:12,25 24:8 25:5,15,22 32:9,16 32:21 38:6,15,20 39:5 40:8,11,12,18 41:11,12 41:13,19 42:20 43:2 45:4,11 46:3 50:7,15,25 52:13 53:5,6 54:10 56:20 57:11,11 61:18 65:13 ringer 62:4 risk 26:23 27:1,4,12 51:21 53:19 57:24 River 1:15 5:2 65:4 RN 20:8,9 53:18 60:2 RNs 12:14 20:22 Robert 2:3 3:8 Robertson 21:18 22:17 26:11 31:19 role 8:4 21:13 roof 59:4 room 33:11 rough 57:21 round 14:15 RPR 1:24 rule 34:10 running 37:22</p> <p>S</p> <p>S 1:6 3:1 12:21 66:6 saw 63:18 saxophone 62:2 saying 12:17 48:15 says 19:24 24:11 26:19 45:23 47:7 57:20 school 4:12,22 5:4,4 11:4 11:6,11,12,15 44:18,20 44:21 score 31:10 63:5,6,8 scored 30:23 SEAL 65:14 Security 8:12,14,16 9:12 see 11:21 13:3,15 14:22 14:23 20:17 22:2 24:1 28:17 39:16 40:3,4,7,21 41:9,21 42:2,3,4,8,15 43:12,13,13,24 44:7,8,8 45:23 48:14 50:18 57:16 58:17 59:13 60:2 64:8 seeing 18:8,9,12,13 24:24 38:12 45:15 seen 14:6,9 22:5 27:18 44:10 45:21,23 send 32:13,21 sense 60:10 sent 32:22,22,23 Separate 8:11 September 1:11 3:4 65:4</p>	<p>65:15 66:7 serious 44:11 serve 18:21 services 10:5,6,8 set 53:8 Seventh 2:4,14 severely 30:1 Sherburne 1:14 2:8 3:13 8:4 9:21 10:3 12:14 17:2 22:20 23:9 43:4 52:15 54:11 sheriff 6:8,9 7:25 16:22 23:15 sheriff's 10:23 33:8 34:3 shoot 57:15 shooting 14:17 show 26:17 45:14 Showing 41:4 shows 40:20 sic 24:21 sign 61:12 64:6 65:13 significantly 43:5 signs 47:19 50:1 59:8 sink 40:12 sir 4:6 sit 8:5 27:25 situation 64:1 situations 25:20 Sixty-eight 52:22 slow 35:1 sober 58:3 social 22:11 social-social 14:13 socially 14:6 sold 57:14 somebody 32:9,13 46:2 55:14 60:3,21 somebody's 42:20 sorry 29:11 sort 5:13 14:11 30:25 42:11 61:18 sorts 5:16 Sotto 52:6 56:16,25 sounds 59:18,21 South 2:4,10 speaking 52:6 56:16,25 special 24:16 31:24 34:22 49:17,23 50:14 51:14 56:21,22 specialist 47:9 specific 19:20,22 44:17 specifically 19:17 Speculation 51:24 speed 36:5 spoke 12:4 16:4 ss 65:1 66:1 St 2:15 11:13 staff 4:11 29:18,23 30:7 30:10,17 35:1 47:16 48:7,9,11,17 54:1 55:18 55:19 staffed 12:11 15:2 Standard 5:2 Stang 1:6 66:6 started 7:2,23 10:10 12:11,25 13:1 57:22 starts 26:10 state 1:1 3:6 4:3 11:13 19:19,23 29:1 65:1 66:1 stated 15:15 58:6 states 1:1 8:23 17:13,19 status 24:17,23 50:11 statute 19:22 44:17 statutes 19:20 stays 5:17 stomach 62:15,19</p> <p>stop 19:2 strangulation 38:20 Street 2:4,14 stressed 59:9 stuff 26:7 37:21 substantial 65:11 suffering 58:7 sufficiently 23:22 suicidal 24:19 48:15 54:10 55:14 56:8 58:8 61:10 62:13 63:2 suicidality 47:20 48:22 54:7 57:18 59:6 suicide 17:2 18:16,16 21:22 22:20 23:3,6,8 24:14 25:6 27:4,19 29:2 29:4 33:23,24 35:7 46:3 47:8,12,24 48:3 51:8 suicides 18:10 Suite 2:5,15 supervision 44:14 supervisor 29:7 51:12 62:9 supervisors 55:13 supposed 30:12 36:10 sure 7:24 9:14 10:21 13:8 19:5 22:3,15,16 38:24 39:9,17 surprise 18:23 23:15 surprised 61:6 swear 3:17 sworn 3:19,21 65:5 symptom 62:20 symptoms 27:10 47:22 61:7 system 28:16</p> <p>T</p> <p>Tag 55:21 take 6:12 19:3,7 28:13,14 51:18 taken 9:15 36:22 37:12,13 37:19 40:23 66:5 takes 36:25 37:4,22 talk 32:10 47:19,22,24 48:6 talked 5:25 48:10 talking 26:13,14 31:15 33:5 43:15,17,18 61:10 62:21 talks 34:19 57:13 taught 37:22 48:3 teams 8:9 tech 20:8 techs 12:14 20:22 tell 4:25 12:1,6 16:13 22:10,23 28:25 65:5 ten 24:7,7 tendencies 48:22 58:9 tendency 59:7 65:12 term 22:20 23:2,8 25:5 27:21 45:4 terminology 24:11,22 terms 24:13,19 25:13 test 37:13 61:20 testified 3:22 10:13 49:9 testimony 62:25 65:6,6 tests 37:12 61:16 Thanks 64:4,7 they'd 54:21 thing 21:3 42:6 49:12 57:8 61:18,24 62:18 things 46:1 48:9 61:11 think 22:13 23:19 36:2,4</p> <p>U</p> <p>U.S 8:9,13 Uh-huh 13:21 15:17 29:9 33:16,22 35:22 36:6 38:5 39:13 41:8,10,15 56:15 59:14 Um 10:7 understand 5:12 9:2,3,18 52:2 53:25 understanding 10:8 United 1:1 8:23 units 33:3 University 4:11 unusual 17:5,6 urgent 28:7,7 12 49:5 60:9 60:15 63:3,20,24 use 45:4 52:12 57:23,24 58:1,16 uses 33:8</p> <p>V</p>	<p>various 5:3 vernacular 23:9 25:2,4,18 25:19 video 1:9,25 65:3 66:5 Videographer 1:25 3:3,16 64:11 videotape 3:3 view 39:25 viewing 39:23,24 Viking 14:15 violations 34:10 visualize 39:14 voce 52:6 56:16,25 vs 1:5 66:6</p> <p>W</p> <p>W 1:3 2:2 Waagmeester 53:7 walks 59:11,12 wall 40:7 41:13 want 9:14 11:19 22:16 36:17 63:6,8,9 <b</p>
---	--	---

<p>worker 22:11 working 16:8,9 wouldn't 18:7 31:2,8,17 33:10 43:22 52:19 57:14 wrong 35:20</p> <p>X</p> <p>Y</p> <p>yeah 4:21 6:14 10:19 12:3 13:2 16:5 17:8,16 18:21 22:12 24:6 25:19 26:9 27:5,10 28:20 31:11 32:19 36:2 37:25 41:5 42:6,9,10 43:10,20 44:21 45:13 46:21,22 47:3 53:2 54:3 55:12,22 56:1,2,22 61:19 63:21 63:23</p> <p>year 10:21 13:23 33:19 45:9,10</p> <p>years 4:7 5:9,21 14:6 24:4 24:7,7 58:3</p> <p>Yep 32:8 48:1 57:16 58:18</p> <p>Z</p> <p>0</p> <p>1</p> <p>1.5 57:21 58:3 1:27 64:13,14 12 18:24 12-week 4:14 12:12 1:12 3:5 12010 26:15 13 26:9 13880 1:15 14 61:22 14th 9:1 15 52:23 57:2 15-minute 24:13,14,16 25:14,17 26:2 29:15 30:9,14 32:2 48:23 50:3 50:8,13,21 51:11,22 52:10 53:3,12,20 54:3,5 54:8</p> <p>16 1:11 3:4 57:1,3,4,5,7 66:7 16th 65:4 17 6:19 17:1 18:8,9 22:13 23:10,10 55:17 18-cv-2301 1:2 18th 9:1 19 62:11,13 1988 4:17 5:2 1989 5:5</p> <p>2</p> <p>2 52:22 20 59:10 2003 43:7 2006 10:10 12:25 13:20 14:19 43:8,14 2010 23:18 51:8 2013 10:14 43:7,8 57:13 2014 15:20 2015 4:12 2017 15:19 17:15 21:17 25:13 49:6 2019 1:11 3:4 65:4,15 66:7 23rd 65:14 27 41:2 2800 2:15</p>	<p>29 24:9 2911 34:10</p> <hr/> <p>3</p> <p>3 57:15 30 2:14 17:3,24,25 40:17 58:13 30-minute 25:14 32:4 34:20 53:3</p> <p>30-plus 18:21 3000 2:5 333 2:4 37 41:2,4 3rd 56:7</p> <hr/> <p>4</p> <p>4-64 67:2 40 15:9,12,14 30:23 43 63:5 46 24:3 46:12,15 48 34:16</p> <hr/> <p>5</p> <p>5 49:6 51 47:4,7 55 4:7 55101 2:15 55330 1:15 55402 2:5 55438 2:10 57 42:25 5th 57:11 60:12</p> <hr/> <p>6</p> <hr/> <p>7</p> <p>72-hour 33:15</p> <hr/> <p>8</p> <p>8 18:24 89 5:5</p> <hr/> <p>9</p> <p>9321 2:10</p>		
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Patrick Carr
9/16/2019

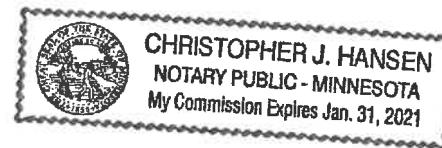
66

1 STATE OF MINNESOTA)
2 : SS CERTIFICATE
3 COUNTY OF WASHINGTON)
4 I, PATRICK CARR, certify that I have read
5 and examined the typewritten transcript of the
6 video deposition taken of me in the matter of
7 Lynas vs. Linda S. Stang, et al., on
8 September 16, 2019, consisting of the preceding
9 pages, and find the same to be true and correct
10 (Except as follows):

10 Reason
Page Line Correction for Change

11 55:21 check video
12 for the word "TAG"
13 I believe this is
14 a typo.
15

Chris 10/6/19



22 Dated this 1st day of October
23
24
25 *Patrick Carr*
PATRICK CARR

67

1 EXAMINATION INDEX
2

3 By Mr. Bennett: 4-64
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

18 (Pages 66 to 67)

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